

State Accident Report Forms Catalog 1995 Update



State Accident Report Forms 1995 Update

This publication contains a consolidation of accident report forms used by all the States. Its purpose is to provide a comparative accident data reference document for use by the States, National Highway Traffic Safety Administration (NHTSA) Regional Offices, other Federal agencies, and private organizations.

Many States have upgraded or revised their accident report forms since the publication of the State Accident Report Forms Catalog was last updated in 1992. This publication will be updated and reprinted every second or third year to maintain its timeliness and relevance.

Also included in the Catalog are lists for the Critical Automated Data Reporting Elements (CADRE) and the National Governors' Association (NGA) data elements. NHTSA supports the use of uniform police accident report form data elements, such as CADRE, and encourages the use of the ANSI D-16 and D-20 standards. The purpose of the ANSI D-16, Manual On Classification Of Motor Vehicle Traffic Accidents, is to provide a common language for collectors and users of traffic accident data. The purpose of the ANSI D-20, Data Element Dictionary For Traffic Records Systems, is to provide a common set of data element coding instructions as these relate to traffic safety, driver licensing and vehicle registration.

We wish to thank all State personnel who contributed and assisted in compiling this document, and we hope that it will help the States in improving their accident data collection and reporting.

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AST-27			
REV. 1/9		ALABAMA UNIFORM TRAFFIC A	CCIDENT REPORT DPS Accident No.
Shaded Are	as To	Be Used By Data Processing Only Sheet of Sheet(s) Microfilm No Date Time Description Court	Local Case No.
_	!	Month Day Year MT F S S	Rural Highway Classification: M—Municipal Local Zone I—Interstate S—State P—Private Prop. F—Federal C—County 0—Other
LOCATION AND TIM		On Street, Road or Highway At Intersection of or Between (Node 1) And (Node 2)	01 - Overturned 02 - Firer / Explosion 05 - Spril 05 - Spril 06 - Road/Bridge Collapsed 09 - Trailer Hitch Came Loop
		Street 2 2 0 Road Node	04 - Gas Inhalation 07 - Jackknifed 12 - Other See Node 15 - Pedestrian(s) COLLISION EVENT 75 - Overnass / Undernass
		─Code Code Liel Intersection Related Mile Post Control	Miles From 1 or 2 30 Parked Vehicle 51 Amandouses; 75 Uther Frace Object (Circle One) 30 Parked Vehicle 52 Gas Line 77 Resakway Sign 53 Barnicade 78 Manholy Sign 63 Barnicade 78 Manholy Sign 64 Bridge Bail 79 Talenbane Rocch
		1 Node 1 2 Node 2 Access 1 Main Rd 3 Interchange 5 Exit Ramp N Not Int. Related 9 Frontage Rd 4 Entrance Ramp 6 N/A	Circms Unit No 51 - Guardrai 65 - Curbing 81 - Breaktwey Light 52 - Crash Cushion 67 - Restning Wall 82 - Overhead Object
]		First Marmful Event Distance to Fixed Object	55 - Iree 71 - Building 90 - Foreign Material in Road 72 - Fence 93 - Pothole
	1	Driver Full Name Street Address	57 - Piet or Column 73 - Boulder 37 - None 59 - Non-breakway Sign 74 - Onch 98 - Other
UNIT		D Race Sex DL State Driver License No.	
NO	1	B Month Day Year	DL Class DL Status List Restrictions Not Complied With Status Not Comp
	DRIV		Liability Insurance Co. Social Security No.
LEFT Scene	:	Driver 1 - No Defect 3 - Fatigued 8 - Other Conditions: 2 - Apparently Asleep 4 - III 9 - Unknown Maneuver Travel Road Name Southern South	Unk Unk Given: 9 - No Test 1 - Blood Test 2 - Breath Test 4 - Unable to Administer 5 - Refused Test Results
\Box	\vdash	Road Code Travel Direct	Other Contr Circumstance Prime Harm Event Event Loc
COM Veh	ŀ	Owner's Name Street or R.F.D.	License Tag Number State Year
		Type Usage Hazardous Cargo Attachment	City State ZIP
		1 - Auto 11 - Moped 1 - Personal 10 - Police 1 - None 1 - None 2 - StaWagon 12 - M. Scooter 2 - Driver Trng. 11 - Other 2 - Explosive 2 - Mobile 5	7 - Camper Trailer 9 - Windows On Diagram 97 - None 9 - Windows On Diagram
	VEHICLE	3 Pick Up 13 Pedal Cycle 13 Construction Business 3 Cae 12 Company	ailer 9 - Tanker 2 - Steering 10 - Restraint Sys.
UNIT 1	VEH	7 Commany 13 - File rightling 6 - Uxidizer/Peroxide 6 - Boat Ira	Trailer 11 - Double Trailer 4 - Suspension 12 - Truck
] 5		8 - School Rus 18 - M. Home (R.V.) 7 - Transport Prop. 9 - Other 19 - ATV 8 - Agriculture 9 - Other 19 - ATV 9 - Commission Material (Req. Per	mit) Have Permit? 7 - Lights 14 - Fuel System
		10 - Moto: 38 - Other 9 - Wrecker/Tow Yes No NA 98 - Other Yes No	NA Yes No NA 8 · Turn Signal 98 · Other 99 · Unknown 61 · 51
		MPH MPH Claifon Uriense Charged Damage 1 · None Visible Severity 2 · Not Disabled 3 · Disab Vehicle Towed By Whom:	Yes No Enter Point of
IT	П	Driver/Pedestrian Full Name	Initial Impact
UNIT		D Race Sex DL State Driver License No.	DL Class DL Status List Restrictions CDL Status List Endorsements Residence Less
ΙÖ	IVER	B Month Day Year Place of Employment	Not Complied With Not Complied With Than 25 Miles Yes No
LEFT SCENE	품	Driver/Ped 1 No Defect 3 - Fatigued 8 - Other Outcome	Liability Insurance Co. Social Security No.
		LONGINON: 7 - Annarently Asland A. Ht. O. Haland Souriety Cartering Contracts	Ink Type Test 9 - No Test 1 - Blood Test 3 - Unine Test 1 Like Givee: 9 - No Test 2 - Breath Test 4 - Unable to Administer 5 Refused Test Results 6 Other Contr Circumstance Prime Harm Event United Sets 1 - Event Loc.
COM			A-Not on Rd. U-Unk
		Owner's Name Street or R.F.D.	City State ZIP
AN		Type Usage Hazardous Cargo Attachment 1 - Auto 11 - Moned 1 - Personal 10 - Palice	Contributing Defect Circle areas Damaged
OR PEDESTRIAN		2 - StaWagon 12 - M. Scooter 2 - Driver Trng. 11 - Other 2 - Explosive 2 - Mobile Ho	7 - Camper Trailer 97 - None 9 - Windows / On Diagram ome 8 - Towed Vehicle 1 - Brakes W. Shield 10 Under Carriage
	VEHICLE	4 - Van 14 - Farm Mach, 5 - Truck Tractor 15 - Train Surface 12 - Bus/Pasr. 5 - Flammable Solids 5 - Ambulance/ 12 - Bus/Pasr. 5 - Flammable Solids 5 - All Parametrics 15 - Flammable Solids 5 - All Parametrics 15 - Flammable Solids 5 - Valymeet 15	iler 10 - Pole Trailer 3 - Power Plant 11 - Wheels
8	VEH	6 - Other Truck 16 - Road Equip. 5 - Military 13 - Fire Fighting 6 - Oxidizer/Peroxide 6 - Boat Trail 7 - Comm. Bus 17 - Ridden Animal 6 - Taxi 98 - Other 7 - Poison	er 98 · Other 5 · Tires Coupling SS N/A
	١	8 - School Bus 18 - M. Home (RV.) 7 - Transport Prop. 9 - Other Bus 19 - ATV 8 - Agriculture 10 - Motorcycle 98 - Other 99 - Other Publisher 99 - Other Publisher 99 - Other Publisher 99 - Other Publisher 99 - Other 99 - Other Publisher 99 - Other Publisher 99 - Other 99 - Ot	nit) Have Permit? 7 - Lights 14 - Fuel System 8 - Turn Signal 98 - Other
VEHICLE		Speed Limit Est. Speed Citation Offense Charged Damage 1 - None Visible	NA Yes No NA 99 · Unknown 6 57
нэл		We hicke Towed By Whom: Seventry 2 - Not Disabled 5 - Not	Yes No 11 Attachment Enter Point of Initial Impact
С	- [Contributing Circumstances 11 - Improper Passing 12 - Improper Driving-Environ 25 - Veh Pushed by Person 01 - Go Straight Ahead 13 - Right To 26 - Veh Leth Road 07 - Person	Pedestrian Action Event Loc
0		U.S. Improper Turn/U-Turn 15 - Vision Obstruction 27 - Driver Not in Control 03 - Pass on 1-Way Street 15 - U-Turn	om Park 65 - PediCyc Ride Across Road 03 - Walk in Road—With Traffic 3 - Median 04 - Walk in Road—Against Traffic 3 - Median
D E		UB - Diver Speed Limit 18 - Under Min Speed 30 - Ped Violation 10 - Go Straight — Right Torn Line 18 - Slowing 10 - Go Straight Torn Line 18 - Slowing 10 - Go Straight — Right Torn Line 18 - Slowing 10 - Go Straight — Right Torn Line 18 - Slowing 10 - Go Straight — Right Torn Line 18 - Slowing 10 - Go Straight — Right Torn Line 18 - Slowing 10 - Go Straight — Right Torn Line 18 - Slowing 10 - Go Straight — Right Torn Line 18 - Slowing 10 - Go Straight — Right Torn Line 18 - Slowing 10 - Go Straight — Right Torn Line 18 - Go Straight — Righ	/Stopping /T Parked—Legally Un bet on/orr venicle Service 104 Un Percent
s	_[33 Improper backing 21 - Fail to Yield Right-Iol-Way 33 - Illegal / Improper Parking 109 - Marge — Left 21 - Exions P 10 - Inog Traffic Control 22 - Driver Condition 97 - None 10 - Merge — Left 21 - Exions P 11 - Improper/No Signal 23 - Wrong Side of Road 98 - Other 11 - Wrong Side of Road 61 - PediCirc	In Father Control of the Control of
		oz-reduje	99 - Unknown

	0444	rvolved Unit		Other Involved Unit	CODEC
SEATING	1 2 3 10 (Cir 12 · Pedestrian 4 5 6 11 13 · Rider of Da 14 · Occ. of Nor	mestic Animal -Motorized Vehicle there Circumstance/ Applicable ged	5 6 11 13 14 15	(Circle One) Pedestrian Rider of Domestic Animal Occ. of Non-Motorized Vehicle Victim of Other Circumstance/ Codes Not Applicable Other Involved lety Equipment	CODES SAFETY EQUIPMENT 01 - None Installed 95 - Not Applicable 99 - Unknown (Any Type) Lap Belt Only 11 - Fastend 12 - Not Fastend Lap (Shoulder Harness 21 - Lap Only Used
	Name Taken To Name Taken To			ury Age Sex Ejec First ton Aid By	22 - Nether Used 23 - Shoulder Only Used 24 - Both Used Mosarcycle Helmet 31 - None Used 32 - Used Air Bags 41 - Deployed, Belts Used 42 - Not Deployed, Belts Used 43 - Deployed, Belts Not Used 44 - Deployed, Belts Not Used 45 - Deployed, Belts Not Used 45 - Deployed, Belts Not Used 46 - Deployed, Belts Not Used 47 - Deployed, Belts Not Used 48 - Other Restraint Used 82 - Other Restraint Used 83 - None Used
CODES	Injury Type K - Killed A - Visible or Carried from Scene B - Bruise/Abrasion/Swelling C - Not Visible—Has Pain/Faint	N - Not Ejected N - Not T - Trapped F - Fully U - Unknown P - Partially A - Not Applicable	A - Ambulance Attended M - O - Ooctor 0 -	By Paramedic P - Police Other U - Unknown N - None	Pedal Cycle/Pedestrian 91 - Contrasting Clothing 92 - Non-contrasting Clothing
NARRATIVE AND DIAGRAM	Officer's Opinion of What Happened: For Each Roadway Environment Field, Circle One Entry for Each Involved L Unit 1 Contributing Surface Condi		(Contribution) Material	Source	Character
ENVIRONMENT 2		10 Read 2 2 - Roct. 6	4 4 - Already	Environment From Vehicle in Road, But n Vehicle 2 2 - Straight—Do 3 3 - Straight—Up 4 4 - Straight—Hil 5 5 - Curve—Level	wn Grade 7 7 · Curve—Up Grade Grade 8 8 · Curve—Hillcrest Icrest
ROADWAY ENVIR	2 - Signhoard 12 12 - Dust 13 - Silnded by Headights 14 - Blowing Snow/Sand 15 - Hiddens 15 - Hiddens 16 - Curve in Road 16 - Curve in Road 16 - Curve in Road 16 - Show on Windshield 17 - Fog 98 98 - Other 18 - Parked Vehicle 99 99 - Unknown 19 - Moving Vehicle(s)	3 3 - R.R. Flashing Lights 4 4 - R.R. Cross Bucks/Pave. Mark 5 5 - Pedestrian Control 6 6 - Traffic Signal 7 7 - Flashing Beacon 8 8 - Stop Sign 9 9 - Yield Sign 10 10 - Lane Control Device	97 97 None 98 98 Other Control Yes Yes No No No No N/A N/A N/A	2 2 - Unpaved Surface 3 3 - Broken Patied line 4 - Solid Painted Line 5 5 - Concrete Barrier 6 6 - Metal Guard Rail 7 7 - Fence 98 98 - Other Barrier	3 3 - Three Lanes 4 4 - Four Lanes 5 5 - Five Lanes 6 6 - Six Lanes or More One-Way Street Yes Yes No No
ION	Light	1 · Open Country 5 · School 2 · Residential 6 · Playground 3 · Shorp or Business 8 · Other 4 · Mig or Industrial Arrived AM Name of Photographer PM MT	ight 4 - Severe	Property Dama cription: ner: dress:	
'iGAT	Witness Full Name Witness Full Name	Address Address			Telephone Telephone
INVESTIGATION	Name of Investigating Officer Name of Other Investigating Officer(s) at Scene	The state of the s	Officer ID	Agency ORI	Supervisor Reviewed
:	The data on this report reflects my best knowledge, opinion and belief co Signature of Investigating Officer	vering the accident, but no warrant is made as to th	e factual accuracy thereof		Date

ALABAMA UNIFORM TRAFFIC ACCIDENT REPORT

			UNIFURM TRAFFIC ACCIDENT REPORT	LOCA	L CASE I	10				
				SH	EET		0F		SHE	ET(S
AS	T No. 34	Rev. 4/86	SUPPLEMENTAL SHEET	Unit No.	Seat Pos.	Injury Type	Age	Sex	Ejec- tion	First Aid By
	3	Name	Address							
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	4	Name	Address							
		Taken to	Taken by		L	·			L	<u> </u>
	5	Name	Address						<u> </u>	
		Taken to	Taken by			L			<u> </u>	L
SE	6	Name	Address							
ICT	ľ	Taken to	Taken by	L	l					!
NT V	7	Name	Address							
ADDITIONAL ACCIDENT VICTIMS	ľ	Taken to	Taken by	L		L				L
ACC	8	Name	Address							
NAL		Taken to	Taken by							
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ADD	J	Taken to	Taken by							
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	Taken to	Address								
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	12	Name	Address							
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		DESCRI	BE WHAT HAPPENED (Refer to vehicles by number)							
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ADDITIONAL NARRATIVE SPACE										\dashv
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Diagram Not to Scale	(20 feet)	Location			Time		A.M. P.M.
Diagram Scale 1 inch	(10 feet)						MT.
Signature of Reporting Officer(s)		Officer ID	Reporting Police Agency ORI	······································	<u> </u>	DATE	***
			1		Month	Day	Year
Original size document -	- 8-1/2 X 11						

Alabama Uniform Traffic Accident Report Truck/Bus Supplemental Sheet

AST-34T 1/94

Sheets

OLBS 1A	o. <u>—</u>		
(same	as or	main	report

General Instructions Complete this form for each qualifying vehicle ONLY if the accident meets BOTH of the following criteria: 1. The accident involved a qualifying vehicle (truck with 6 or more tires or Haz/Mat placard, or a bus designed to carry 16 or more, including driver) and; 2. The accident resulted in at least one of the following: A. one or more fatalities B. one or more persons injured and taken from the scene for immediate medical attention, or C. one or more involved vehicles had to be towed from the scene as a result of disabling damage or had to receive assistance to leave. Screening Information Number of Qualifying Vehicles: Number of Persons: Trucks with 6 or more tires or Haz/Mat placard Sustaining fatal injuries Buses designed to carry 16 or more (including driver) Transported for Immediate medical treatment Number of vehicles towed from scene due to damage or provided assistance Vehicle Information Gross Vehicle Weight Rating (GVWR) Hazardous Material Involvement A. Truck, tractor or bus Did vehicle have a Haz/Mat placard ____ Yes B. Trailer or trailers (total) If Yes, include following information from placard A. Name or 4-digit number from diamond or box _ Total GVWR for unit (A+B) B. The 1-digit number from bottom of diamond _ Was hazardous material released from THIS vehicle's cargo? ____Yes ____ No Total number of axles _ Vehicle Configuration (circle one number) 2. Single unit truck (2 axles/ 6 or more tires) 3. Single unit truck (3 or more axles) 4. Truck with trailer 5. Truck tractor only (bobtail) 6. Tractor with semi-trailer 7. Tractor with double trailers 8. Tractor with triple trailers 9. Unknown class heavy truck 0. Any other 4-tired vehicle Cargo Body Type (circle one number) 1. Bus 2. Van/enclosed box 3. Cargo tank 4. Flatbed 5. Dumb 6. Concrete mixer 7. Auto transporter 8. Garbage/ refuse 9. Other **Motor Carrier Information** NOTE: If NOT a motor carrier, enter NONE under Carrier Name, 0 for None under Carrier Identification Numbers, and go to Sequence Of Events Section Source (circle one number) 1. Vehicle side 2. Shipping papers 3. Driver 4. Other Carrier mailing address (Street or P.O. Box) City, State, Zip Carrier Identification Numbers (_____ None = 0) _ ICC MC __ _____ STATE NO. ___ Sequence of Events Note: for THIS vehicle - list up to four Event #1 Event #2 Event #3 Event #4 Non-Collision 1. Ran off road 2. Jackknife 3. Overturned (rollover) 4. Downhill runaway **EVENT** 5. Cargo loss or shift 6. Explosion or fire 7. Separation of units 8. Other non-collision **CODES** Collision With 9. Pedestrian 10. Non-parked vehicle 11. Parked vehicle 12. Train 13. Pedalcycle 14. Animal 15. Fixed object 16. Other object Signature of Reporting Officer Officer ID Reporting Police Agency ORI Date

Definitions

Truck

A motor vehicle designed, used or maintained primarily for the transportation of property. For the purpose of this form the vehicle must also meet one of the following criteria:

- · Have at least 6 tires on the ground, or
- Carry a Hazardous Material Placard.

Rue

A motor vehicle providing seats for 16 or more persons including the driver and used primarily for the transportation of persons.

Trailer

A non-power vehicle towed by a motor vehicle.

Reportable Accident

A highway related incident normally investigated by a police officer and reported on a standard accident report form involving one or more trucks or buses (as defined here) which results in:

- One or more fatalities, or
- One or more non-fatal injuries requiring transportation for the purpose of obtaining immediate medical treatment, or
- One or more of the vehicles being removed from the scene as a result of disabling damage, or
- One or more vehicles requiring intervening assistance before proceeding under its own power.

Typical Vehicle Silhouettes

1. Bus







2. Single unit truck - 2 axles / 6 tires







3. Single unit truck - 3 axles









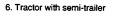
4. Truck with trailer





5. Truck tractor (bobtail)







7. Tractor with double trailers

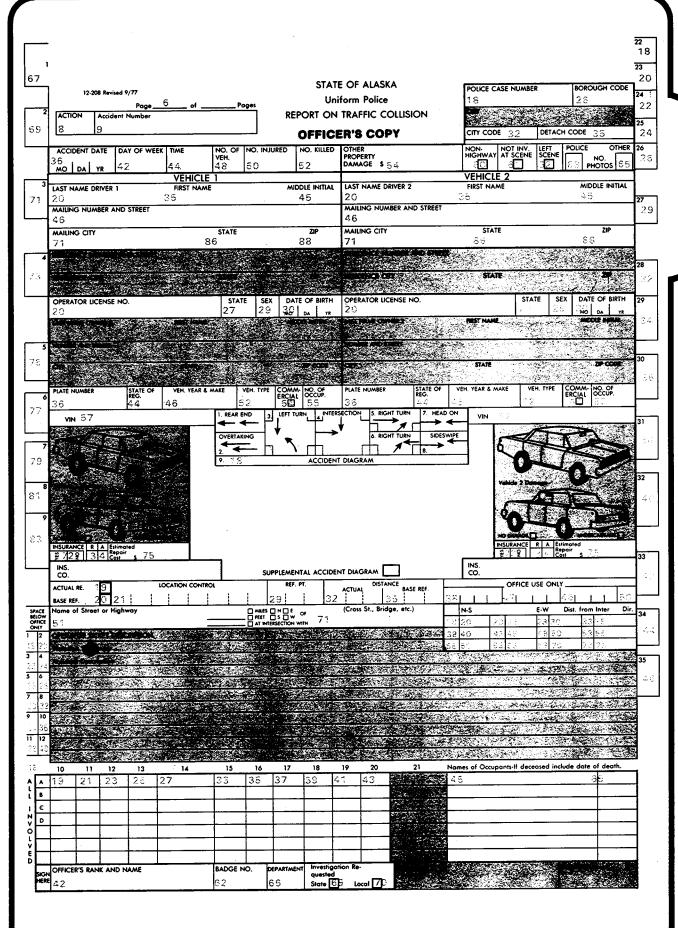


8. Tractor with triple trailers



Typical Hazardous Material Placards





Alaska

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		Body 8	Style		(Camper	Male	Color	Ye	W	VIN		-						844	Device	Code
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ĺ	5	Trailer	(Other U	nit) Plate	No.	State	Year	Description o	of Trailer o	r Other Unit								<u> </u>			
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		Plate I	Number		State	Year	Same a	. Owner/C	arrier Na	me				Address				Ci	ly St	tto :	Zip Code
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t• i	ORL	'''	•	· Code	es for th	ese item	s are avai	ilable in G	ilossar	v Manual	ı										

9 - DIAGRAM			NORTH	11 - SIGDDING OCCURRED NDICATE WHICH VEHICLES SIGDDED BY NUMBER 12 - CITATIONS UNIT NO. A.R.S. NO. OR CITY CODE 14 - CLASSIFICATION BY TYPE 19 YES
15 - LIGHT CONDITION CHECK ONLY ONE 1	20 - SPECIAL LOCATION CHECK ONLY ONE 1 SCHOOL COSSING 2 PEDESTRIAN CROSSWALK (NO STRIPPED) 3 PEDESTRIAN CROSSWALK (NO STRIPING) 4 BRIDGE 5 TUNNEL 6 RCCOSSING 7 ALLEY 8 BIBLE PATH 9 2-WAY LEFT TURN LANE 21 - SMISHALL ROAD CONDITION CHECK ONLY ONE 1 UNDER CONSTRUCTION,	23 - NON INTERSECTION ROAD CHARAGTER CHECK ONLY OME 1	27 - YIQLATIONS/BEHAYIOR TWO CHOICES FER PERSON MAY BE SELECTED 1 ON IMPROPER DRIVING 2 SPEED TOO FAST FOR CONDITIONS 3 CHOCEDED LAWFUL SPEED 4 OF AILED TO YIELD RIGHT-OF-WAY 5 OF COLLOWED TOO CLOSELY 6 ON AAN STOP SIGN 7 OD DROVE IN OPPOSING TRAFFIC SIGNAL 8 ON MADE IMPROPER TURN 9 DROVE IN OPPOSING TRAFFIC LANE 10 ONOWINGLY OPERATED WITH FAULTY OR MISSING EQUIPMENT	29-TRAFFIC UNIT ACTION CHECK ONE PER UNIT 1
4 SNOWING 5 STRONG WIND 6 DUST 7 POG 17-ROAD SURFACE TYPE CHECK ONLY ONE 1 ASPHALT 2 CONCRETE 3 GRAVEL 4 DIRT 5 OTHER 18-TYPE OF LOCATION	TRAFFIC ALLOWED TRAFFIC ALLOWED UNDER CONSTRUCTION, NO TRAFFIC ALLOWED UNDER REPAIRS UNDER REPAIRS CONSTRUCTION-PROTECTED UNPROTECTED OBSTRUCTION-UNPROTECTEO UNPROTECTEO UNPROTECTEO DEFECTIVE SHOULDERS O CHANAING ROAD WIDTH TO FLOODED TEMPORARY LANE CLOSURE	4 HILLCREST 5 DIP	11 REQUIRED MOTORCYCLE SAFETY EQUIPMENT NOT USED 12 PASSED IN NO PASSING ZONE 13 NO THER UNSAFE LANE CHANGE 14 NO THER UNSAFE PASSING 16 NOTHER UNSAFE PASSING 16 NOTHER UNSAFE PASSING 16 NOTHER USE CROSSWALK 17 WALKED ON WRONG SIDE OF ROAD 18 NOTHER 19 UNKNOWN 28 YEHIGLE CONDITION TWO CHOICES PER VEHICLE MAY BE SELECTED 1 NO APPARENT DEFECTS	27 UNKNOWN 30 - YISON OBSCUREMENT CHECK ONE PER UNIT 1
CHECK ONLY ONE I NTERSECTION I JUNCTION AREA I DANNEWAY ACCESS ALLEY ACCESS II HTERSECTION SELATED YES NO	22 - TRAFFIC CONTROL DEVICES LEGEND: A-DEVICE PRESENT B-DANAGED OR NON- FUNCTIONAL PRIOR TO ACCIDENT CHECK ANY THAT APPLY 1 STOP AND GO SIGNAL 2 YELD SIGN 3 STOP SIGN 4 WARNING SIGN 5 RALROAD SIGNAL 6 F FLASHING SIGNAL 7 G FLASHING SIGNAL 7 G FLASHING SIGNAL	25 - PHYSICAL CONDITION TWO CHOICES PER PERSON MAY BE SELECTED 1 ON APPARENT DEFECTS 2 OHAD BEEN DRINKING 3 OHAD APPEARED TO BE UNDER INFLUENCE OF DRUGS 4 OHAD REPEARED TO BE UNDER 5 OHAD SELEPY-FATIGUED 6 OHAD SOULY DEFECTS, INFIRMITIES 7 UNKNOWN	2 U DEFECTIVE BRAKES 3 O DEFECTIVE STEERING 4 O DEFECTIVE TAIL LIGHTS 5 O DEFECTIVE TAIL LIGHTS 6 O DEFECTIVE TURN-SIGNAL 7 O DEFECTIVE TURN-SIGNAL	13 OTHER 14 RAIN, SNOW, FOG ON WINDSHIELD 15 WINDSHIELD OBSCURED OTHER 16 UNIKNOWN FOR ABOUT USE

01-2704 R11/82 FORM B BACK

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		8. 17th AVE.,	PHOENE	OF TRANSPOR K. ARIZONA 861																	Delaye	d Fatality	
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II - FATAL ACCIDENT DIAGRAM	Diagram is approximate and not to Diagram is scaled (Scale 1" =	scaie. ft.)
Draw diagram only on this page.	 	
substitution of the state of th		Indicate North By Arrow
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ARIZONA TRAFFIC ACCIDENT REPORT FORWARD COPY TO ARIZONA DEPARTMENT OF TRANSPORTATION TRAFFIC RECORDS UNIT 106-T 1739 W. JACKSON ST., PHOENIX, ARIZONA 85007 SUPPLEMENT MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE MEASUREMENTS ARE SCALED (SCALE * ACCIDENT DIAGRAM

01-2706-R1/77 (BACK)	ACCIDENT DESCRIPTION (Narrative)	
		•
	and the second s	
	32	
INVESTIGATOR'S SIGNATURE		DATE

ARIZONA TRAFFIC ACCIDENT REPORT	BEPORT IS Agency Report Number
SUPPLEMENT	
FORWARD COPY TO	YEAR MORTH SAY ACHIN MCC NO. DEFICIENCIONO.
ACCIDENT RECORDS ANALYSIS UNIT 084R	
ARIZONA DEPARTMENT OF TRANSPORTATION	

ACCIDENT DESCRIPTION (Narrative)

†**•** 01-2707 2/92

ACCIDENT MEA FOR ACCIDENT REC ARIZONA DEPART 206 S. 17th AVE., P	SUREMENT SUPPLEM WARD COPY TO ORDS ANALYSIS UNIT 08 MENT OF TRANSPORTAT HOENIX, ARIZONA 85007	IENT YEAR MO	REPORTED AGENCY Report Number NOC NO. OFFICERS ID NO.
ZERO POINT IS		_	MEASUREMENTS ARE IN FEET AND TENTHS
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• 01-2708 R8/92			

	ARKANSAS MOTOR VEHICLE TRAFFIC ACCIDENT REPORT				
Г	MUNICIPAL USE ONLY: Incident # Unit Assigned Premises Geo. Code District		ident & □ Fatal	everity/in Injury	jury Code
I		2 . 0	3 Incap	acitating la capacitation	njury na lokuw
	County City	4, 8	□ Possi	ble Injury rty Dama	
	Not in City, but Distance N S E W			ity Dania,	ge only
ľ	Road/Street of	Dat	e	th Day	Year
Ç	Accident Occurrence If on numbered Highway/County Road, give # Section Log Mile	┨╖	of Wee	-	
A					
	At its intersection with	Tim		- M	PM
N	Special uplateine	No.	Vehicle	s Involved	
	Not at intersection, but	-			
1	(Use only the following as Reference Points) Intersecting Highway, County Road, City Street, Bridge, Railroad Crossing, Overpass, -Underpass, Milepost, State Line, County Line, City Limit HIT & RUN	اما			
┢		_	**	ating Positi	
1	Vehicle Vin # Vin *	_ 00	- Nono	ccupant	0.0
1	Owner Address	112	Front	Seat L.S. Seat C. Seat R.S.	
¥	☐ Bented to	19	— Front — Secor	Seat Not Kno nd Seat L.S.	OWN
Ħ	□ Leased to Address		— Secor	NO Seat C. NO Seat R.S. NO Seat No. 4	Conwo
Ė	Trailers No Yes # Units Cargo Hazardous	31 32	— Third — Third	Seat C. Seat R.S. Seat Not Kni Id Seat L.S. Id Seat C. Id Seat R.S. Id Seat R.S. Id Seat R.S. Seat R.S. Seat R.S. Seat R.S.	w.Qwil
Ę	Trailers No Yes # Units Cargo Hazardous Reg. State. Plate # Nonhazard	Jus 41	Found	Cast C C	•••••
1	Prior Vehicle Damage		- Fourt	h Seat L.S. h Seat C. h Seat R.S. h Seat Not Ki	
ı	Vehicle Damage as result of Accident □ Disabled □ Functional □ Other Damage □ No Damage Investigator's Estimated Cost to Repair \$	49 50	Sleen	er Section Ca	abof Truck
ı	☐ Disabled ☐ Functional ☐ Other Damage ☐ No Damage Investigator's Estimated Cost to Repair \$	51 52 53	— Open — In Tra — Ridin	Bed of Truck illing Unit on Veh. Ext nown	terior
\vdash	□ Towed away By To To	99	— Not K	nown	
	OperatorAddress				
PE					
Ŕ	Type License: Chauffeur Operator Cyclist School Bus Learner Permit Court Permit Restricte	d 🗆	No Li	cense [
	BAC Test: Yes Results If Known Not Tested Refused Test Doperator Residence: Local Elsewhere in State Nonresident of State Residence Not Known	ce Sex	Age	inj. Seat Pos.	표
٦	Operator License # Operator Data DOB / /				
č	License # State NameAddress				
Įį	Name Address	177			П
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 	Vehicle Vin # Vin # Vin # Vin #	_ .		nt Restraint	System
Į V	Owner Address		None I Should Lao Be	lar Dali	
ľ	□ Rented to		— Lão & — Child :	ill Shoulder Be Safety Seat	lts
C	□ Leased to Address	1 2	- Motoro	ycle Helmet	
Ē	☐ Not Known Trailers ☐ No ☐ Yes # Units Cargo ☐ Hazardous	1 0	nwonn	eployed Air E nt Used 1	Type
2	Reg. State. Plate # ☐ Nonhazards		— Unkno	wn	
Įģ	Prior Vehicle Damage Vehicle Defects	-		Ejection	
H	Vehicle Damage as result of Accident □ Disabled □ Functional □ Other Damage □ No Damage Investigator's Estimated Cost to Repair \$	0:	Not Eje Totally	ected Ejected	
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\vdash	Towed away By To	<u></u>			
P	OperatorAddress				
ER	Type License: Chauffeur □ Operator □ Cyclist □ School Bus □ Learner Permit □ Court Permit □ Restri <u>cte</u>		No 1	icense C	_
	l " · · · · · · · · · · · · · · · · · ·	" 			
2	BAC Test: Yes Results If Known Not Tested Refused Test Refused Test Residence: Local Elsewhere in State Nonresident of State Residence Not Known	ce Sex	Age	inj. Pos.	문문 문문 문
PE	Operator License Operator Data DOB / / /	\prod			
Ď	NameAddress	$oxed{\Box}$			
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P	Name Address	Π			
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None Overturned A A A Burned Submerged Top U.Carriage Unknown Color		→	urned Submerged Ducknown	
DIAGRAM: (If space adequate)				ladicate Rorth, Use Arrow
Arrest:	Charge		Summons	#
Arrest:	Charge	· · · · · · · · · · · · · · · · · · ·	Summons	#
Time notified of accident	Time arrived		Date	
The data in this report reflects my best judgement a Investigator:	and knowledge based on information	on available to me. Departme		□ Yes □ No ate Submitted
name an	I IV HUIIIVE:	Ucpai tille	, ·	an Johnmoo

Page four may be used when additional space is required to complete the Accident Report.		Investigation and Reporting of Motor Vehicle Traffic Accidents Within their jurisdiction and cooperatively in overlapping jurisdictional situations, law enforcement officers of Arkansas are declared to be responsible for the investigation and reporting of all traffic accidents and the deaths, injuries and property damage resulting therefrom. The responsible investigating office shall make the investigation with all possible promptness and the investigating officer shall file the report thereon with the Department of Arkansas State Police within five (5) days subsequent to the actual investigation. (Acts 1967, No. 246.)
	l	Page four may be used when additional space is required to complete the Accident Report.
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	Tueffie Controls	Fire Occurrence						
Atmospheric Conditions 10 No Adverse Conditions	Traffic Centrels □ □ No Controls Present	0 □ No Fire Occurrence						
1 Rain 2 Sleet	1 ☐ Flashing Beacon	V1 1 ☐ Fire Occurrence, Result of Impact						
3 Snow 4 G Fog	2 Traffic Signal	V2 2 ☐ Fire Occurrence, Result of Impact						
5 ☐ High Winds Temperature	3 □ Stop Sign 4 □ Yield Sign	First Harmful Event						
6 Smoke 7 Smog 8 Dust	5 □ RR Crossing with Gates & Lights	Non-Collision Collision With						
9 Other	6 □ RR Crossing, Flashing Lights Only	10 Overturn 1 Pedestrian						
10 □ Not Known	7 □ RR Crossing, Crossbuck Only	11 ☐ Fire 12 ☐ Explosion 2 ☐ Pedacycle						
Light Conditions	8 School Zone, Children Present	13 ☐ Immersion 3 ☐ Railway Train						
1 □ Daylight 2 □ Dark 3 □ Dawn 4 □ Dusk	9 □ Pedestrian Signal 10 □ Lane Markings	44 Con Inhelation 4 C MV in Transport						
5 □ Dark but lighted . 6 □ Dark, light not functioning	11 Other Controls	15 Fell from Vehicle 5 MV in Other Roadway						
7 Dark, light not functioning	12 Controls Not Known	■ 16 □ Injured in Vehicle 6 □ Parked Motor Vehicle						
Accident Locale	13 □ Device Not Functioning	17 □ Other Non-Collision 7 □ Animal						
1 □ Rural 2 □ Urban	14 □ Device Functioning Property	8 □ Other Object Not Fixed Collision with Fixed Object						
3 □ Not Known	15 Device Functioning Improperty	20 🗆						
Roadway Surface Condition	W. Links Present Office and an	Identify Object						
1 □ Dry 2 □ Wet 3 □ Ice	Vehicle Travel Direction	1						
4 □ Sand 5 □ Dirt 6 □ Oil 7 □ Other	NSEW	First Harmful Event Occurred						
8□ Not Known		1 □ On Roadway 2 □ Shoulder 3 □ Median						
Road System	"	4 □ Roadside 5 □ Outside Trafficway						
Speed Limit Posted □ Yes □ No	Vehicle Action Vision Obscurement	6 □ Location Unknown						
Speed Limit Posted Yes No		2						
4 County Road 5 City Street 6 Other	1 Going Straight 0 Vision not obscured 0	n I						
7 Not Known	2 Negotiating Curve	վ I v ı						
Road Surface Type	4 Stopped in Traffic Lane 3 Sleet	V1						
1 □ Concrete 2 □ Asphalt	5 Merging	il						
3 □ Gravel 4 □ Dirt	6 ☐ Enter, Parked Position ☐ 5 ☐ Glare ☐	V2						
5 Other	7 ☐ Exit. Parked Position ☐ 6 ☐ Sunlight ☐	1 Identity Event						
6□ Not Known	8 Parked 7 Headlights	Pedestrian Location						
Roadway Alignment/Profile 1 □ Straight 1 □ Level	9 Turning Right B Building							
2 Curve 2 Grade	10 Turning Right on Red 9 Billboard	☐ 2 ☐ Intersection 7 ☐ Non-Intersection ☐ 3 ☐ On Roadway 8 ☐ Sidewalk						
3 □ Not Known 3 □ Hillcrest	11 Turning Left 10 Trees	3 □ On Roadway 8 □ Sidewalk						
4 □ Sag	12 Turning Left on Red 11 Shrubs 13 Making U Turn 12 Other Vegetation	☐ 4 ☐ On Road Shoulder 9 ☐ Location Not Known ☐ 5 ☐ Bike Path 10 ☐ No Pedestrian						
5 □ Not Known	14 Backing 13 Moving Vehicle	7 I .						
Construction/Maintenance Zone	15 Avoiding Vehicle 14 Parked Vehicle	11 🗆 Other Location						
1□ Yes 2□ No	16 □ Avoiding Pedestrian □ 15 □ Ice on Windshield □	Pedestrian Action						
3□ Highway Const 4□ Utility 5□ Other	17 □Avoiding Animal □ 16 □Fog on Windshield □	0 Not Visible 1 Crossing Road, No Intersection						
Protected 6 No 7 Yes How	18 □ Avoiding Other Object □ 17 □ Broken Windshield □	2 Crossing Road, No Intersection						
8 □ Reduced Road Width 9 □ Road Repair 10 □ Maintenance	19 □Passing □ 18 □Dirty Windshield □	3 Utolking with Troffic						
I The state of the	20 Changing Lanes 19 Other	4 □ Walking Against Traffic						
Trafficway Flow 1 □ Divided 2 □ Not Divided	21 Other Action	5 □ Plaving 6 □ Lving in Roadway						
1 Divided 2 Not Divided# Lanes								
4□ Divided by Other Barrier	OPR 1 OPR 2 Contributing Factors	9 🗆 No Pedestrian						
5 Divided by Temporary Barrier	0	10 □ Other Ped. Action						
6 □ One Way Traffic	1 Too Fast For Conditions	11 Action Not Known						
7 □ Not Known	2 🗆 🗆 Fail to Yield							
Roadway Conditions	3 🗆 🖂 Alcohol	EMS Time Notified						
0 □ No Adverse Conditions	4 □ □ Drugs	EMS Time Arrived						
1 Obstruction, Warning	5 Disregarded Stop Sign 6 Disregarded Yield Sign	EMO TIME ATTIVED						
2 □ Obstruction, No Warning 3 □ Loose Materials on Surface	6	Injured Transported to						
4 □ Holes 5 □ Ruts 6 □ Bumps	8							
7 Defective Shoulders	9							
8 □ No Markings	10 Followed Too Close							
9 □ Other Defects	11 🗆 🗆 Illegal Right Turn	Transported by						
10 □ Defects Not Known	12 🗆 🖂 Illegal Left Turn							
Relation to Junction	13 □ □ Illegal Lane Change							
0 □ Non-Junction 1 □ Intersection 2 □ Intersection Related	14							
1 □ Intersection 2 □ Intersection Related 3 □ Driveway 4 □ Alley	15 Prohibited U Turn 16 Operating Defective Lights							
5 Diveway 5 Alley	17 Operating Defective Eights	INSURANCE CARRIER						
7 □ RR Crossing	18 Operating Other Defective Equipment							
8 □ Crossover Lane	19 🗆 Unsafe Backing	V1						
9 🗆 Other	20 D Other Factor	.						
10 Not Known	21 🗆 🗆 Factor Not Known	As						
	<u> </u>							
Damage to Property								
Other Than Vehicle	Describe Property							
Owner of Branarh	•							
Owner of Property Name	Address	Estimate of Damage						
Notified of Damage		······································						
Notified of Damage Name	Address	Time Date						
743110		, and the second						
Witnesses								
Name Name								
i name	Address	Age Sex .						
Witnesses Name	Address Address	Age Sex						

Incident #	Unit Assigned	Premises	Geo. Code	District	1. D Fetal Injury.
					2. (3 incoperationing injured)
County		City			4. C. Podeble lajury 5. C. Property Damage
Not in City, but	ㅁ ㅇ ㅁ ㅁ;	from nearest city limit		····	
PLOSEC/STREET OF					Date Day
Accident Occurrence	If on numbered (Highway/County Road, give #		Section Log Mile	Day of Whet
At its intersection with					
	Give a	Highway, County Road, Nam	e of City Street as applicab	ie	Time PI
Special Reference					No. Vehicles Invelved _
Not at intersection, but	Mance N S E	W	Bebrenn Bo	ht	
				CCIDENT RE	P N P T
WHEN TO USE FORM: AN	Svers to question	s below determines :	180	ASSICTS INLO	RMATION
				J. Gross Vehicle E. Av	
1. truck with at less 2. bus with seats for STOP - If response	more than 15 peo	ple, including drive	irxesNo	Veight Paring (inc)	nding trailers)
3. person(s) fatally	interest?	de la "No", do not	111 out form.	lbs	·
4. injured person(s) 5. vehicle(s) towed f	taken aver for so	dical attention?	YesWo YesWo	L. HAZARDOUS MATERIALS	Tillian Venezue
STOP - If respons	8 to 1. A. and 5 :	is "Wo", do not fill	_Yes _No	Iml. Did vehible here B	AZ Mat placard?
If response is "Y	es" to 3. 4. or 5	fill out form.		(1) Yes (2)_	No
				L-2. From placard indic	
ACC	DENT IN	PORMATION		4-digit placard number/	1-digit number
A. Report/Accident Por				name from diamond/box	from bottom of
					
State Russi				L-3. Wes HAZARDOUS CARG	O from vehicle re
B-1. Carrier's Identis	ication Humbers			leased? (Don't count fu	el from fuel tank
US DOT	ICC HC			(1)Yes (2)	No
State Name		=		M. Vehicle Configuration	n
				(1) Bus	_
R-2. Carrier's Hame		(1)	Vehicle Side	(2) Single-unit truck (3) Single-unit truck	: 2 axie, 6 tires : 3 or more axies
		Source: (2)	Shipping Banasa	(4) Truck/trailer (5) Truck tractor (bo	handis
		(3) 🗀	Driver	(6) Tractor/semi-trai	ler
8-3. Carrier's Address Street or P.O. Box	Git y			(7) Tractor/doubles (8) Tractor/triples	
	orey	State	Zip Code	(*)_ Unknown heavy tro	ek
				H. Cargo Body Type	
G. Date of Accident Mon. Day Year		D. Time of Accide	36	(1)_ Bus (2)_ Van/enclosed box	
			4.E. P.B.	(3) Cargo tank	
		hours:minutes		(4) Flatbed (5) Dump	
E-1. Accident Location	Humber/Heme of	Highway/Street		(6) Concrete mixer (7) Auto transporter	
				(8)Garbage/refuse	
E-2. Township/City	1.2	Company		(9) Other	· · · · · · · · · · · · · · · · · · ·
The state of the s	4-3.	County		O. Segmence of Events ((or this vehicle)
				1 2 3 4 Ram off road 1 2 3 4 Jackimife	
F-1. Truck or Bus Drive	r's Hene		·	1 2 3 4 Overturn	
200 1	First	Middle Init	ial	1 2 3 4 Downhill runaway	ift
				1 2 3 4 Explosion or fir 1 2 3 4 Separation of un	
F-2. Driver's License !	lunher	7-3. St	ate	1 2 3 4 Collision involv	ing pedestrian
				1 2 3 4 Collision involves vehicle in tran	ing motor
·		1		1 2 3 4 Collision involv	ing parked
. Number of Patalities	R Suphan of			Botor vehicle 1 2 3 4 Collision involv	
a Result of Accident	R. Rumber of I		of Damage	1 2 3 4 Collision involv	ing padalevels
		Received?		1 2 3 4 Collision involv 1 2 3 4 Collision involv	ing enimal
	1	(1)	es (2) No	1 2 3 4 Collision involv 1 2 3 4 Other	ing other object
	<u> </u>	<u></u>	\-/ #0	11 2 3 4 Other	

ASP-50 6-90

CIRCLE APPROPRIATE VEHICLE

Vehicle Type # 1 BUS Seats for more than 15 passengers, including driver Vehicle Type # 3 SINGLE-UNIT 3 OR MORE AXLES TRUCK Vehicle Type # 5 TRUCK TRACTOR (i.e. bobtsit)



















Vehicle Type # 4
TRUCK/TRAILER

Vehicle Type # 6 TRACTOR/SEMI—TRAILER



Vehicle Type # 2 SINGLE-UNIT 2 - AXLE 6-TIRE TRUCK













Vehicle Type # 7 TRACTOR/DOUBLES













ASP-49

<u>Supplement</u> - Motorcycle, Motor-Driven Cycle, Moped, Motorized Bicycle, Two or Three-Wheeled Vehicle, All Terrain Vehicles with three or more wheels.

ACCIDENT REPORT

Ι.	OPERATOR
	(Last Name) (First Name) (Middle Initial)
2.	ADDRESS
3.	PASSENGER
	(Last Name) (First Name) (Middle Initial)
4.	ADDRESS
5.	VEHICLE YEAR MAKE CC'S
6.	Was helmet worn? Yes () No () Unknown ()
7.	Type helmet: Full () 3/4 () 1/2 () None ()
8.	Did helmet meet Federal Safety Standard No. 218? Yes () No () Unknown ()
9.	Was eye protection worn? Yes () No () Unknown ()
10.	Did eye protection meet Federal Safety Regulation VESC-8? Yes () No () Unknown ()
11.	Headlight: On () Off () Unknown ()
12.	Head injury: Yes () No () Unknown ()
13.	Was subject properly licensed to operate the vehicle? Yes () No () Unknown ()
14.	Was vehicle towing another vehicle? (Trailer or other vehicle) Yes () No () Unknown ()

STATE OF Supplemental Truck ar	ARKANSAS nd Bus Accident Repor	·•
Vehicle Configurations	Cargo Body Types	
1. Bus 2. Tractor/semi-trailer 3. Tractor/doubles 4. Tractor/triples 5. Heavy truck, cannot classify 6. Single unit truck (2 axle, 6 tire) 7. Single unit truck (3 or more axles) 8. Truck tractor (bobtail) 9. Truck/trailer	1. Enclosed box 2. Cargo tank, dry bulk (e.g. cement, flyash 3. Cargo tank, liquid bul (e.g. milk) 4. Cargo tank, gas bulk (e.g. flammable) 5. Flatbed/platfor 6. Dump 7. Concrete Mixer 8. Auto transport 9. Garbage/refuse 10. Other	er
Note: The vehicle number filled in below must ma and operator number on page 1 of accident	ten exactly to the venicie,	
Veh No.	<u>Source:</u> Bill Vehicle Driv	rer
2. Carrier/Owner address		
Street		
City		
	lp	
3. CARRIER I.D. NUMBER	6. CITATION ISSUED? YES	NO
4. VEHICLE CONFIGURATION 5. CARGO BODY TYPE	7. VEHICLE TOWED? YES	NO
8. FIRST/SUBSEQUENT HARMFUL EVENT(s)	9. HAZARDOUS MATERIALS INVOLVEMENT	
Sequence Item 1 2 3 4 Jacknife 1 2 3 4 Overturn 1 2 3 4 Separation of Units 1 2 3 4 Loss or Spillage 1 2 3 4 Explosion 1 2 3 4 Fire	Tere hazardous materials cargo present in this vehicle? Tere hazardous materials released or spilled? Pid vehicle have a hazardous materials placard present? HAZARD CLASS PLACARD NUMBER	NO NO
1 2 3 4 Other 10. <u>DRIVER</u> APPARENT DRIVER CONDITION	Vas a hazardous materials citation or notice of apparent violation issued?	NO
1 Appeared normal 2 Drinking/alcohol related	YES NO RESULTSYES NO	
5 Fatigue 6 Asleep 7 Medication 11. Did any injury require medical treatm	nent away from scene? YES	NO
The state of the s		لــــــا

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MKED HICLE	CITY / ST	ATE/ ZP								OWNER'S	ADDR ESS			SAME Á	S DRIVER				
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TRAFFIC COLLISION C									PAGE
OATE OF COLLISION 40. DAY YEAR	TME (2400)	NCIC NUMBER			OPPICER I. D MUMI	BER "			
PROPERTY OWNER'S NAME / ADDRESS	<u> </u>								NOTIFIED YES N
DAMAGE DESCRIPTION OF DAMAGE								_	
		04.55	5/ =/		MAPAT		_		
SEATING POSITION	NACH PARTY				MENT PEPLOYED M/C RICYCLE -	HELM	EI		ECTED FROM VEHICL
(<u> </u>	CCUPANTS A - NONE IN VEHICLE B - UNKNOWN	i		BAG	NOT DEPLOYED DRIVER		-	1	- NOT EJECTED - FULLY EJECTED
	- LAP BELT USED		P - NOT		NRED V-NO W-YEB		- 1		- PARTIALLY EJECTED - UNKNOWN
- 12 10 0 - PAGGENGENG -) - LAP BELT NOT USED E - SHOULDER HARNESS (F - SHOULDER HARNESS (CHILD F	HE ST	PASSENGER		Į		
8 - REAR OCC. TRK. OR VAN	- LAP/SHOULDER HARN 1-LAP/SHOULDER HARN	ESS USED	2 - JN VI	EHICL	E USED Y - YES E NOT USED Y - YES		- 1		
_ -	- PASSIVE RESTRAINT US C-PASSIVE RESTRAINT N	SED	B - IN VE	EHICL	E USE UNKNOWN E IMPROPER USE				
			U - NON	E IN \	EHICLE OULD BE EXPLAINED IN THE NARRATI	WE.			
PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTE		1 2	÷	TYPE OF VEHICLE	1	2	3	MOVEMENT PRECEDING
AVC SECTION VIOLATED: CITED TES	ACONTROLS FUNC		 	Ť	APASSENGER CAR / STATION WAGO		+	Ë	ASTOPPED COLLISION
	B CONTROLS NOT F			上	B PASSENGER CAR W / TRAILER				B PROCEEDING STRAIGHT
BOTHER IMPROPER DRIVING *:	C CONTROLS OBSC		\Box	1	C MOTORCYCLE / SCOOTER	+	┡	L	CRAN OFF ROAD
COTHER THAN DRIVER *	D NO CONTROLS PE		\vdash	+-	DPICKUP OR PANEL TRUCK EPICKUP / PANEL TRUCK W / TRAILE	R	╁	H	D MAKING RIGHT TURN E MAKING LEFT TURN
D UNKNOWN •	AHEAD - ON				F TRUCK OR TRUCK TRACTOR	ፗ	L		F MAKING U TURN
* E FELL ASLEEP	B SIDESWIPE C REAR END		\perp	+	GTRUCK / TRUCK TRACTOR W / TRUE H SCHOOL BUS	<u>. </u>	F	L	GBACKING HSLOWING/STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE			+	OTHER BUS	士	\vdash	Н	PASSING OTHER VEHICLE
ACLEAR	E HIT OBJECT		\Box	\top	J EMERGENCY VEHICLE	L	L		J CHANGING LANES
B CLOUDY C RAINING	F OVERTURNED G VEHICLE / PEDES	FRIAN	╌	╁	K HIGHWAY CONST. EQUIPMENT L BICYCLE	╁	╀	-	K PARKING MANEUVER L ENTERING TRAFFIC
DSHOWING	HOTHER*:	TUNIS			MOTHER VEHICLE	t	\perp	Ħ	MOTHER UNSAFE TURNING
E FOG / VISIBILITY FT.		INVOLVED WITH	\Box	F	N PEDESTRIAN	Ţ	L		N XING INTO OPPOSING LANE
FOTHER*:	A NON-COLLISION B PEDESTRIAN		\vdash	╁	O MOPED	╫	╁	┝	OPARKED P MERGING
LIGHTING	C OTHER MOTOR VE	HICLE			***				QTRAVELING WRONG WAY
A DAYLIGHT		ON OTHER ROADWAY	1 2	3	OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)	┝	╄	┝	ROTHER*:
B DUSK - DAWN C DARK - STREET LIGHTS	F TRAIN	PENICLE	┢		AVC SECTION VIOLATION: CITED	╅	十	╁	İ
D DARK - NO STREET LIGHTS	G BICYCLE					<u>'</u>	lacksquare		
E DARK - STREET LIGHTS NOT	H ANIMAL:				B AC SECTION AIOPALION: CILED		┾	-	COORIETY DRUG
ROADWAY SURFACE	FIXED OBJECT :				CAC SECTION AID TUDO . CLED	-11	2	3	SOBRIETY - DRUG PHYSICAL
A DRY B WET	OTHER OR ISCT.	···			Y21		╄	Ļ	(MARK 1 TO 2 ITEMS)
C SNOWY - ICY	J OTHER OBJECT :				D	┡	╁	╁	A HAD NOT BEEN DRINKING B HBD - UNDER INFLUENCE
D SUPPERY (MUDDY , OILY , ETC.)			₩	┿	EVISION OBSCUREMENT:	上	I		CHBD - NOT UNDER INFLUENCE
ROADWAY CONDITION(S)	PEDESTRIAN	SINVOLVED	世	1	G STOP & GO TRAFFIC	╧	┾	₽	D HBD - IMPAIRMENT UNKNOW! E UNDER DRUG INFLUENCE *
(MARK 1 TO 2 ITEMS)	A NO PEDESTRIAN		\Box	\perp	H ENTERING / LEAVING RAMP	+	T	\vdash	F IMPAIRMENT - PHYSICAL *
A HOLES, DEEP RUT	CROSSING IN CR	OSSWALK	╟┼	╁	J UNFAMILIAR WITH ROAD	仁	F		GIMPAIRMENT NOT KNOWN
C OBSTRUCTION ON ROADWAY*	CROSSING IN CR		丌	Т	K DEFECTIVE VEH. EQUIP. : CITED	\top	╁╴	\vdash	H NOT APPLICABLE SLEEPY / FATIGUED
D CONSTRUCTION - REPAIR ZONE	AT INTERSECTION	N	Ш	\perp	□w	上	<u> </u>		SPECIAL INFORMATION
E REDUCED ROADWAY WIDTH	D CROSSING - NOT		$oldsymbol{oldsymbol{\sqcup}}$	1	L UNINVOLVED VEHICLE MOTHER*:	+	╀	-	AHAZARDOUS MATERIAL
F FLOODED *	E IN ROAD - INCLUDE F NOT IN ROAD	- SHOULUER		1	N NONE APPARENT	士	İ		
H NO UNUSUAL CONDITIONS	G APPROACHING / L	EAVING SCHOOL BUS	Ц	L	O RUNAWAY VEHICLE	I		<u>. </u>	
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HP 555 PAGE 2 (Rev 1-88) OPI 042									

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FACTUAL DIAGRAM PAGE DATE OF COLLISION NO. DAY VR.

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE -

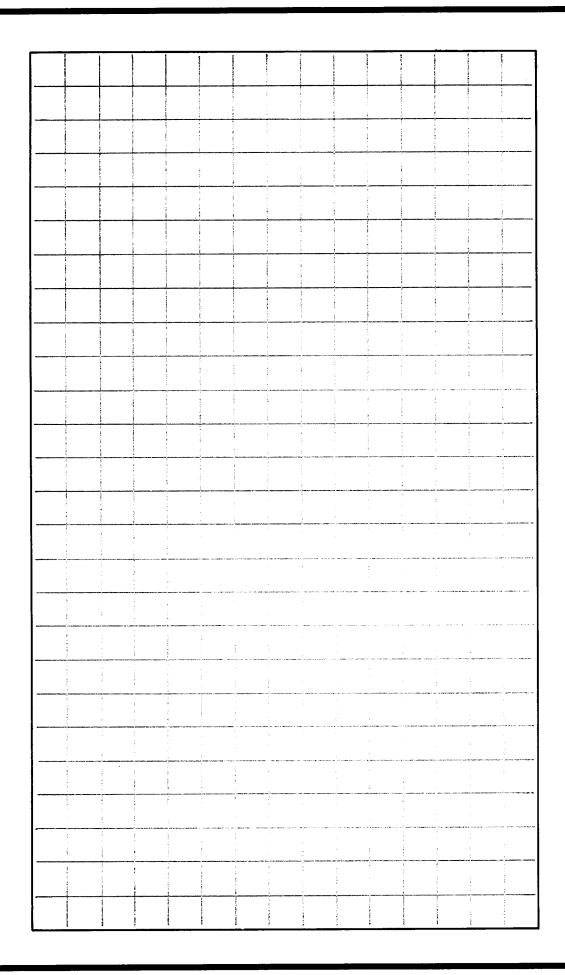


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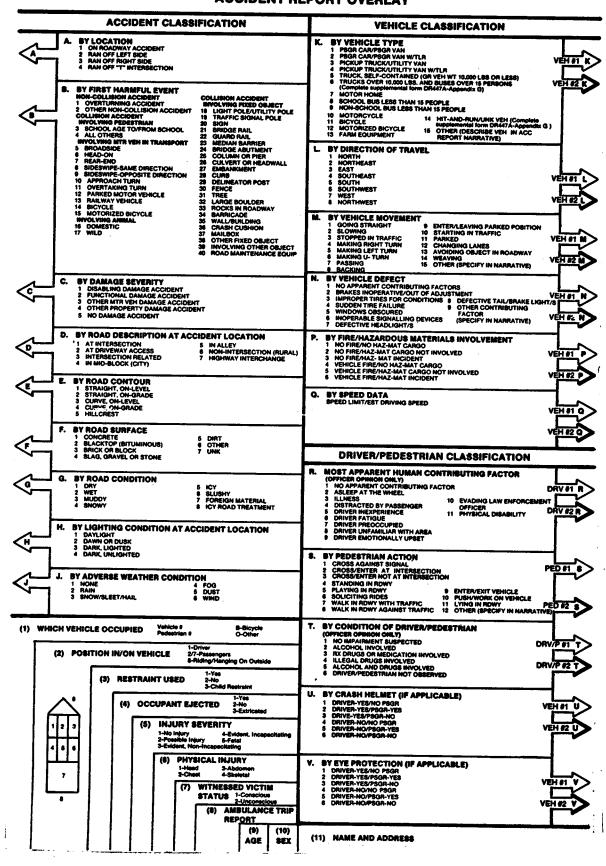
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ACCIDENT REPORT OVERLAY



STATE OF COLORADO INVESTIGATOR'S TRAFFIC ACCIDENT REPORT FRUCK/RUS/HIT-AND-RUN SUPPLEMENTAL DR 4

TRUCK/BUS/HIT-AND-RUN SUPPLEMENTAL DR 447A SHEET. DR-447 A (1/90) Attach to DR-447 __ OF __ _ SHEETS CITY SERIAL NUMBER STATE SERIAL NUMBER ROAD CODE DAY OF WEEK COUNTY DATE OF ACCIDENT TIME LOCATION ROUTE, STREET, ROAD OFFICER NAME MILES ____FEET IN E IS W OFFICER NUMBER AT INTERSECTION WITH REVIEWING OFFICER LAW ENFORCEMENT AGENCY SIGNATURE S-12 TRUCK COMBINATIONS TRUCK AND BUS ACCIDENTS 20 TK, SELF-CONTAINED NUMBER OF PERSONS INJURED/KILLED (from main report) 21 TK. SELF-CONTAINED/TLR NUMBER OF VEHICLES TOWED 22 TK, SELF-CONTAINED/TLR/TLR 23 TK, TRACTOR ONLY S-1 DRIVERS NAME TK, TRACTOR/TNK 25 TK, TRACTOR/TNK/TNK S-2 CARRIERS NAME TK, TRACTOR/TNK/TNK/TNK 26 STREET OR P.O. BOX 27 TK. TRACTOR/SEMI-TRL 28 TK, TRACTOR/SEMI-TLR/TLR CITY 29 TK, TRACTOR/SEMI-TLR/TLR/TLR STATE TWO-LETTER CODE S-13 THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ABOVE VEHICLE COMBINATIONS ZIP CODE OVERALL VEHICLE LENGTH (FEET) S-3 SOURCE OF NAME (PLEASE CIRCLE) TRAILER LENGTH/S (FEET) SIDE OF VEHICLE TRAILER WIDTH/S (FEET) SHIPPING PAPERS TRUCK OR TRIP MANIFEST S-14 CARGO BODY TYPE 1 VAN/ENCLOSED BOX 2 CARGO TANK S-4 CARRIERS IDENTIFICATION NUMBERS 3 FLATBED DUMP US DOT(6 DIGITS) CONCRETE MIXER ICC MC(UP TO 6 DIGITS) AUTO TRANSPORTER GARBAGE/REFUSE IF NONE OF THE ABOVE (INDICATE STATE AND NUMBER) BUS (SEATING MORE THAN 15 PASSENGERS, INC DRIVER) SCHOOL BUS (SEATING MORE THAN 15 PASSENGERS, INC DRIVER STATE 10 OTHER (I.E., MULTIPLE-BODY TYPES) NUMBER **HIT-AND-RUN INFORMATION** S-5 TOTAL NUMBER OF AXLES ON VEHICLE, INCLUDING TRAILER AA. DAMAGE HEIGHT ABOVE GROUND 1. LOW/BELOW 18 INCHES S-6 DID THIS VEHICLE HAVE A HAZARDOUS MATERIALS PLACARD? 2. MEDIUM 18 to 36 INCHES 3. HIGH/ABOVE 36 INCHES BB. COLOR OF VICTIM VEHICLE INDICATE FROM THE HAZARDOUS MATERIALS PLACARD: 9. GREEN 1. BLACK 5. BROWN 4-DIGIT PLACARD NUMBER OR NAME TAKEN FROM THE 2. WHITE 6. RED 10. BLUE MIDDLE OF THE DIAMOND OR FROM THE RECTANGULAR BOX 3. GRAY/SILVER 7. ORANGE 11. PURPLE 12. OTHER 4. TAN/GOLD 8. YELLOW 1-DIGIT PLACARD NUMBER TAKEN FROM BOTTOM OF CC COLOR OF SUSPECT VEHICLE 1. BLACK 6. RED 11. GREEN S-8 WAS HAZARDOUS CARGO FROM THE PLACARD TRUCK RELEASED? (DO NOT COUNT FUEL FROM THE VEHICLE FUEL CCC 2. WHITE 7. ORANGE 12. LT. COLOR CC 3. GRAY/SILVER 8. YELLOW 13. MED. COLOR TANK) YES NO 9. GREEN 14. DK. COLOR 4. TAN/GOLD CCC S-9 GROSS VEHICLE WEIGHT RATING (GVWR) 15. UNK OR OTHER 5. BROWN 10. BLUE DD COLOR OF SUSPECT LICENSE PLATE S-10 VEHICLE # 1. BLACK 5. YELLOW 9. LT. COLOR S-11 SEQUENCE OF ACCIDENT EVENTS (FOR THIS VEHICLE) DDD 6. GREEN 10. DK. COLOR 2. WHITE 11. UNK OR OTHER 01 RAN OFF ROAD 3. RED 7. BLUE 1000 02 JACKKNIFE 4. ORANGE 8. BROWN 03 OVERTURN (ROLLOVER) ADDITIONAL INFORMATION 04 DOWNHILL RUNAWAY 05 CARGO LOSS OR SHIFT 06 EXPLOSION OR FIRE 07 SEPARATION OF UNITS 08 COLLISION INVOLVING PEDESTRIAN 09 COLLISION INVOLVING MV IN TRANSPORT 10 COLLISION INVOLVING PARKED MV COLLISION INVOLVING TRAIN 12 COLLISION INVOLVING PEDALCYCLE 13 COLLISION INVOLVING ANIMAL 14 COLLISION INVOLVING FIXED OBJECT 15 COLLISION INVOLVING OTHER OBJECT OTHER 16

CONNECTICUT UNIFORM POLICE ACCIDENT REPO	RT FORM PR-1 REV.12/94
GPS READINGS: Latitude:	
Time: Longitude: DATE OF ACCIDENT MILITARY TIME ACCIDENT SEVERITY IN UNIVERSITY OF ACCIDENT SEVERITY IN UNIVERSITY OF ACCIDENT SEVERITY FOR DOT USE ONLY	
DATE OF ACCIDENT MILITARY TIME ACCIDENT SEVERITY # VEHIC	CLES INVOLVED PAGE # POLICE CASE NUMBER
TOWN OR CITY NAME TOWN CODE ACCIDENT OCCUR	RRED ON (Street Name or Route #) AT ITS INTERSECTION WITH (Street Name or Route
IF NOT AT INTERSECTION Feet 2. DIRECTION	3. NAME OF NEAREST INTERSECTING STREET, TOWN LINE OR MILE MARKER
1. MEASURE DISTANCE Tenths of Mile North South (/ Check Appropriate Boxes) Meters South South Tenths of Mile North South North South North South North North South North N	of
Kilometers East West	Accident Occurred: On Private Property Parking Lot
TRAFFIC UNIT #1 Vehicle Pedestrian Non-Contact Vehicle	TRAFFIC Vehicle Pedestrian Non-Contact Vehicle
OPERATOR #1 or PEDESTRIAN NAME (Last, First, Middle Initial)	OPERATOR #2 or PEDESTRIAN NAME (Last, First, Middle Initial)
ADDRESS (Street Number & Name) PROPER LICENSE CLASS	ADDRESS (Street Number & Alema)
PROPER LICENSE CLASS	ADDRESS (Street Number & Name) PROPER LICENSE CLAS Yes No
CITY OR TOWN STATE ZIP CODE SEX	CITY OR TOWN STATE ZIP CODE SEX
OPERATOR LICENSE # STATE DATE OF BIRTH	OPERATOR LICENSE # STATE DATE OF BIRTH
Month Day Year	Month Day , Year
OWNER'S NAME (Enter SAME If Owner is Operator)	OWNER'S NAME (Enter SAME If Owner is Operator)
ADDRESS (Street Number and Name)	ADDRESS (Street Number and Name)
CITY OR TOWN STATE ZIP CODE BODY TYPE	CITY OR TOWN STATE ZIP CODE BODY TYPE
REGISTRATION # STATE VEHICLE YEAR AND MAKE	REGISTRATION # STATE VEHICLE YEAR AND MAKE
	REGISTRATION * STATE VEHICLE FEAR AND MAKE
VEHICLE IDENTIFICATION NUMBER	VEHICLE IDENTIFICATION NUMBER
CARRIER NAME	CARRIER NAME
CARRIER ADDRESS (#, Street, City or Town, State, Zip Code)	CARRIER ADDRESS (#, Street, City or Town, State, Zip Code)
SOURCE OF CARRIER NAME Shipping Papers/Trip Manifest Order Side of Vehicle I CCMC #	SOURCE OF CARRIER NAME Shipping Papers/Tip Marrilest Driver Side of Vehicle
GROSS VEHICLE WEIGHT HAZARDOUS MATERIAL PLACARD REQUIRED? Yes No 4 Digit #	GROSS VEHICLE WEIGHT HAZARDOUS MATERIAL PLACARD REQUIRED? Yes No 4 Digit #
RATING # DISPLAYED? Yes No 1 Digit # HAZARDOUS CARGO ENFORCEMENT ACTION TAKEN None	RATING # DISPLAYED? Yes No 1 Digit #
RELEASED? Yes No Arrest Written Warning Verbal Warning	RELEASED? Yes No Arrest Written Warning Verbal Warning
STATUTE OR ORDINANCE #'S SUBJECT Operator Carrier OF Owner Pedestrian	STATUTE OR ORDINANCE #'S SUBJECT Operator Carrier OF Owner Pedestrial
AUTOMOBILE INSURANCE — NAME — POLICY #	AUTOMOBILE INSURANCE — NAME — POLICY #
PARTS OF VEHICLE DAMAGED	PARTS OF VEHICLE DAMAGED
VEHICLE TOWED TO:	
VEHICLE TOWED TO: TOWED DUE TO DAMAGE	VEHICLE TOWED TO: TOWED DUE TO DAMAGE
L. M. N. NAME AND ADDRESS OF EACH II	NVOLVED PERSON Date of Birth O. P. Q.
TRAFFIC UNIT #1 OPERATOR OF	PEDESTRIAN#1
TRAFFIC UNIT #2 OPERATOR OF	R PEDESTRIAN #2
	Month Day Year
	Month Day Year

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CONNECTICUT UNIFORM ACCIDENT SUPPLEMENT PR-2 Rev. 11/95	to to to to to to to to to to to to to t	assist in the Fatal Accide lational Highway Traffic S	ent Reporting int Reporting ifety Admini 50 states #	to provide information not requested PR-1). This information is necessary g System (FARS) administered by the stration and the U.S. Department of ne District of Columbia and Puerto incerely appreciated.
DATE	TOWN	·	POLICE CA	ASE NO.
Check off or fill in appropriate information	ACCIDE	NT LEVEL		
EMERGENCY MEDICAL SERVICES TIME NOTIFIED (military) TIME ARRIVED AT SCENE	ROADWAY ALIGNMENT STRAIGHT ROADWAY PROFILE	CURVE	□ NO	CONTROL DEVICE FUNCTIONING
(military) TIME ARRIVED AT HOSPITAL (military)	LEVEL GRADE	☐ HILLCREST ☐ SAG	Pu	OT FUNCTIONING NCTIONING IMPROPERLY NCTIONING PROPERLY
TRAFFICWAY FLOW NOT DIVIDED (TWO WAY) DIVIDED, MEDIAN WO/BARRIER DIVIDED, MEDIAN W/BARRIER ONE WAY	ROADWAY SURFACE TO CONCRETE BLACKTOP (bituminous) BRICK OR BLOCK	DIRT OTHER (state type)	LIST TYP	E(S) OF TRAFFIC CONTROL DEVICE(S)
NUMBER OF TRAVEL LANES	SLAG, GRAVEL OR S	MPH KMPH (circle one)		
Check off or fill in appropriate information	VEHICL	E LEVEL		
TRAFFIC UNIT #1 VEHICLE MODEL		TRAFFIC UNIT #2 VEH	ICLE MODEL	
TRAVEL SPEED MPH KMPH (circle one) FIRE OCCUR	RENCE NO		KMPH le one)	FIRE OCCURRENCE NO
CRASH AVOIDANCE MANEUVER		CRASH AVOIDANCE MAN	EUVER	-
BRAKING (no skidmarks, driver stated)	STEERING (evidence or stated) STEERING AND BRAKING (evidence or stated) OTHER AVOIDANCE MANEUVER	NO AVOIDANCE MAN BRAKING (skidmarks e BRAKING (no skidmark BRAKING (other reports	vident) :s, driver state	STEERING (evidence or stated) STEERING AND BRAKING (evidence or stated) OTHER AVOIDANCE MANEUVER
PRINCIPAL IMPACT POINT Circle the appropriate clockpoint or check off one of the point is that which produced the most properly damage	e following. (Principal impact or personal injury.)	PRINCIPAL IMPACT POIN Circle the appropriate clock point is that which produced	point or check	off one of the following. (Principal impact perty damage or personal injury.)
☐ TOP ☐ UNK	DERCARRIAGE CNOWN	NON-COLLISION TOP	 	UNDERCARRIAGE UNKNOWN
12 10 11 10 2 9 3 3 8 4 7 5 5 CLOCKPOINT DIAGRAM	3	10 9 8 7	12 11 10 9 8 7 6	1

Check off or fill in appropriate information PERSON	LEVEL
(TRAFFIC UNIT #1) NAME OF PERSON PERSON TYPE □ DRIVER □ PASSENGER □ PEDESTRIAN	(TRAFFIC UNIT #2) NAME OF PERSON PERSON TYPE DRIVER PASSENGER PEDESTRIAN
LICENSE ENDORSEMENTS REQUIRED FOR THIS VEHICLE (drivers only) YES NO / IF YES, COMPLIED WITH YES NO	LICENSE ENDORSEMENTS REQUIRED FOR THIS VEHICLE (drivers only) YES NO / IF YES, COMPLIED WITH YES NO
COMPLIANCE WITH LICENSE RESTRICTIONS (drivers only) NOT RESTRICTED	COMPLIANCE WITH LICENSE RESTRICTIONS (drivers only) NOT RESTRICTED RESTRICTIONS NOT COMPLIED WITH RESTRICTIONS COMPLIED WITH RESTRICTIONS COMPLIANCE UNKNOWN
EJECTION PATH (if person was ejected)	EJECTION PATH (if person was ejected)
EXTRICATION NOT EXTRICATED EXTRICATED	EXTRICATION NOT EXTRICATED EXTRICATED
TAKEN TO HOSPITAL OR TREATMENT FACILITY YES NO	TAKEN TO HOSPITAL OR TREATMENT FACILITY YES NO
ALCOHOL INVOLVED YES NO	ALCOHOL INVOLVED YES NO
METHOD OF ALCOHOL DETERMINATION BLOOD, BREATH, URINE PASSIVE ALCOHOL SENSOR PRELIMINARY BREATH TEST OTHER (state type) BEHAVIORAL OBSERVED	METHOD OF ALCOHOL DETERMINATION BLOOD, BREATH, URINE PASSIVE ALCOHOL SENSOR PRELIMINARY BREATH TEST OTHER (state type) BEHAVIORAL OBSERVED
ALCOHOL TEST RESULT (BAC If known)	ALCOHOL TEST RESULT (BAC If known)
OTHER DRUG INVOLVEMENT YES NO	OTHER DRUG INVOLVEMENT YES NO
METHOD OF OTHER DRUG DETERMINATION BLOOD, URINE OTHER (state type) BEHAVIORAL DRUG RECOGNITION TECHNICIAN	METHOD OF OTHER DRUG DETERMINATION BLOOD, URINE OTHER (state type) BEHAVIORAL DRUG RECOGNITION TECHNICIAN
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ADDITIONAL COMMENTS

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☐ 60. CONTINUATION		STA	TE O	E DE	I AW	ARF						1.	SON SON	2. 5
80. SUPPLEMENT			NIFOF					-				_	COMPLAINT NUMBER	TIC. NO.(LEAVE BLANK)
INITIAL REPORT DATE						-			TROOP	/DEPART	MENT	-	NON I). (E
OPERATOR #1													BER	ָּבְּר
OPERATOR #2		INJ	JRY II	NFOF	RMAT	ION								À C
	<u> </u>								***					
61. NAME: LAST	FIRST	M.1	69. SEX	70.	71.	72. NO. IN	73. SEAT	74.	75. FIRST	76. INJURY	77.	78-1. RE -	78-2. RESTR.	78-3. PASS.
I-1 62. ADDRESS			M F	AGE	VEH #	VEH.	NO.	STATUS	AID	CLASS	EJECT	STRNT.	PROPR.	RESTR
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65. EXAMINED BY DR.	<u> </u>	66. REMOVED	1	67. REN	MOVED TO				·					TAR
61. NAME: LAST	FIRST	BY ∟ M.I	1	70.	71.	72. NO. IN	73. SEAT	74.	75. FIRST	76. INJURY	77.	78-1. RE-	78-2.	78-3. PASS
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I-3 62. ADDRESS			SEX M F	AGE	VEH #	NO. IN VEH.	NO.	STATUS	FIRST	CLASS	EJECT	STRNT.	PROPR	PASS RESTR
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1-4 62. ADDRESS			SEX	AGE	VEH #	NO. IN VEH.	SEAT NO.	STATUS	FIRST AID	INJURY	EJECT	RE- STRNT.	RESTR. PROPR	PASS RESTR
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65. EXAMINED BY DR.	O4. INSUMIES	66. REMOVED		67 RFA	MOVED TO	· · · · · · · · · · · · · · · · · · ·								68. T&R
61, NAME: LAST	FIRST	BY L	<u>]</u> 69.	70.	71.	72.	73.	74.	75.	76.	77.	78-1.	78-2.	T & A 78-3.
I-5	FIRST		SEX.	AGE	VEH #	NO. IN VEH.	SEAT NO.	STATUS	FIRST AID	INJURY CLASS	EJECT	RE- STRNT.	RESTR. PROPR	PASS RESTR
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63. PHONE	64. INJURIES			· · · · · · · · · · · · · · · · · · ·										68. T&R
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SEAT NO.	G	ENERAL			Y CLASS BLE INJU		1	RESTRA D RESTR		NT.)	81. INV	IF PEC OLVED IN BLOC	DESTRIA PLACE (N
с 1 2 3 Д	1. YES 2. NO		75.	NON - I	INCAPAC	ITATING	88.	CHILD R	ESTR. L			D. # 1	PED.	# 2
A 1 M/C	3. UNKNOW 4. N/A	M		FATAL I		G INJURY		OTHER I NONE U		USED		ROSSING		
4562	5. PENDING	ì	77.	EJECT	TION		1	ELMET	000			ROSSING		
9 7 8 9	6. NONE 7. OTHER				LLY EJE		4	NONE U USED	SEU			ALKING I		
10=EXT. OF VEHICLE	74. STAT	US	_	NO EJE	EJECTIC ECTION	'n		IVE RES				TANDING		III
79. POSTED SPEED	66. DRIVER		78.	RESTRA	UNT			AIR BAG				USH OR		N VEH.
LIMIT	67. PASSEN		LAP	BELT O	NLY			AUTO RE				ITHER WO LAYING		
1451 HALE # 4	69. PEDALO			FASTEN NOT FA	NED ISTENED)	30.	AUTU AL	-01R. IN	OFEM.	109. O	THER (DE	SCRIBE))
VEHICLE #1	75. FIRS1	AID	LAP	& SHOU			66.	REMOVE	D		1 -			
			64.			,	97.	AMBULA			-			
VEHICLE #2	70. POLICE			NEITHE			0.0	DADAME	אות		1			
VEHICLE #2	71. FIREMA 72. AMBUL	N ANCE	86.		DER ON	LY	99.	PARAME HELICOF	PTER		110. N	OT IN RD	W. ANY	ACTION
VEHICLE #2	71. FIREMA	N ANCE ED	86. 87.	SHOULI BOTH U	DER ONI	LY RVISOR'S	99. 100.	HELICOF PRIV. O	PTER WNED V		110. N	OT IN RD	W. ANY	ACTION

60. CONTINUATION	STATE OF DELAWARE		1.	COMPLAINT NUMBER	DSP HQ. NO.(LEAVE BLANK)
80. SUPPLEMENT INITIAL REPORT DATE	UNIFORM TRAFFIC	TROOP/DEPARTMENT	_	NTN	NO.
	COLLISION REPORT	INCOP/DEPARTMENT		UMBE	LEAVE
OPERATOR #1	CONTINUATION/SUPPLEMENT	,		"	BLAN
OPERATOR #2					
CODE 55.		· · · · · · · · · · · · · · · · · · ·			
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56. INVESTIGATING OFFICER	RANK I.D. NUMBER 57. SUPERVISOR'S APPROVAL	DATE 58. REVIEWER 59.		.OF	
FORM 439 A REV. 10/87					
Original size document - 8-1/2	X 11				4

<u>a [∹</u>	PD 10 Rev. 7/86 Prescribing Directive G.O 401.3 The Part of The Second Is Type of Accident REPORT (CHECK ALL THAT APR.Y. EXCEPT FOR PROPERTY DAMAGE)		NT REPORT	Y. EXCEPT	POR PROPE	TY DAMAGE	Metropolit	Metropolitan Police Department, Washington, D.	ce Department, Wash	hington, D. C.	
			URY 68 PROF. DA	MAGE ORLY	* 0.c. **	PROPERTY OF	3 5	HOH			
<u> </u>	7. ACCIDENT OCCUMNID ON (STREET, DIRECTION, DISTANCE FROM MILE POST, RAMP)		e. District	₹ # .	16. MO. VEHE INVOL.	16. NO. VEHICLES 11. NO. HUURED HVOL.		11. NO. OF OCCUPA	OF OCCUPANTS (INCLUDING DRIVER)	HING DRIVER	
<u> </u>	13 ERTER THE NO. OF PESTY IN WHATEVER SINGETION FROM THE MEASES INTER, OR BLOCK, ON PRESENTED 14. 16	2	1=	Y STREET		16. OFF STREET	1	HT. REPORT TAXODE 14. PHOTOS TA	BETTE PROPE	2 TAXON?	_
			ZONE NO SE	AT INTE	WITHEN 100' OF INTER.	OI PUBLIC SPACE	OF PRIVATE PROPERTY	ON SCENET			
i	THE WARE OF DRIVER PEDESTRIAN (LAST, FIRST, MIDDLE) WARRATIVE OF SHOP, (FIRST DAMPS IN MARRATIVE OF SHOP)	21. BURTHDATE	9	DRIVER/P	DESTRIAN (AST, PIRST,	HODER)	BARRATIVE D.	30. SECX 21. BUT	PIDATE	
	1 O 22. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)		nsitt obje	STREET,	OOM, APT. N	d. addrets (street, room, AFT. No., CTY AND STATE IF OUTSIDE D.C.)	STATE IF OU		-		
W31	Section of the sectio		pexi:								
50 9		<u> </u>		¥	į.	M. Permit Nomber and State	HAT.		#. #	25. BUS. PHONE	
MIZIE	28. MODEL, 27. MANKE, 124. VEAR BB. BODY 31. COLOR 12. TAG NO. STATE/VEAR 33. VEH. ID NO. (VIM)		26. MODEL 27. MAKE	E 28. VEA)		30. COLOR 31	TAG NO.,ST	28.800V 80. COLOR 31, TAG NO.,STATE/VEAR 32, VEH. 10 NO. (VIN)	EN. 10 NO. (1	/M/	,
72	E H. NAME OF CHIRT (VEH./PROF.), (LAST, PIRST, MIDDLE), IF DRIVER EVIER "DRIVER" 35. PHONE NO.	38. PHONE NO.	33. NAME OF OWNER (VID), (FROP.), (LAST, FIRST, MIDDLE), IF DRIVER ENTER TORIVER	R (VEDI./PR	OP.), (LAST,	FIRST, MIDDL	E), IP DRIVE	R ENTER "DESVE	CN. 39. PHOSEE NO.	ME 140.	
	M. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)	-	18. ADDRESS (STREEY, ROOM, APY, NO., CITY AND STATE IF OUTSIDE D.C.)	EY, ROOM,	APT. NO., CI	TY AND STATE	I IP OUTSIDE	(D.C.)	18. OTHE	ER NOTIFIED?	
		O ve:								01 010	
<u> </u>	HI. HAME OF DRIVEN/RESTRICK (LAST PINST, MIDDEL) 10. MARRATIVE (OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE (1) IN	21. BIRTHDATE	10. HAME OF BRIVER(FEED STRING) (LAST, FIRST, MIDDLE) 110.TYPE OF PROF.(FIRED DALECY) AND DESCRIBE DARAGE IN HARRATIVE 12.	BRIVEN/PIX	DESTRICT)	AST, PIRST, IND DESCRIBE	PAMAGE IN		-	Æ	,
	2 D EL ADDRESS (STRICTY, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)			(STREET,)	OOM, APT. N	22. ADORKSS (STRRKY, ROOM, APT. NO., GITY AND STATE IF OUTSIDE D.C.)	STATE IF OU	민	7 20		
								•			
<u>ں •</u>	25. HOME PHOME 26. PERMIT MUMBER AND SYATE 21. BUS. PHOME		D. C. W. 123. HOME PRIORE	¥	H. PERMIT H	M. PERINT NUMBER AND STATE	TATE			25, BUS, 7100KE	,
1	58. MODEL ST. MANTE 28. VEAR 39. BOOY 30. COLOR 31. TAG NO.,STATE/VEAR 32. VEH. 1D NO. (VIN)		26, MODEL 37, MAKE 28, VEAR	E 29. VEA		B. COLOR 31	. TAG NO. 5T	B.BODY 36. COLOR 31. TAG NO. STATE/YEAR 32. VEH. ID NO. [VH)	DH. 1D 140. (1) Jane j	
<u> </u>	E 13. HAME OF CHARD (VDI, PROF.), [LAST, PRINT, MIDDLE], IF DRIVER ENTER "DRIVER" N. PHONE NO.		IS: MAKE OF OWNER (VID., PROP.), (LAST, PRIST, MODAE), IF DRIVER ENTER "DRIVER	A (vabs./Pr	OP.). (LAST.	FIRST, MIDOL	K), IF DRIVE	R EDITER "GRIVE	ER* 24. PHONE NO	# 15.	
	N. ADDRESS (STREET, NOOM, APP. NO., CITY AND STATE IF OUTSIDE D.G.)	_	38. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF CUTSIDE D.C.)	ET, ROOM	APT. 160., C	TV AND STATE	E IF COTRECE	روجنا		LOWING HOTTPAGE	
			•					•	Ó	0 788 0 88	
Per	27. NAME NUMBER	_	N. New Trans	EAT LOCATION CODE		<u> </u>	17 CODE	40. SEAT BELT/B	A46 0004 A	41. E.E.CT10#	
-		830	8 8	TORCYCL CUPANT -	FTATION WASCIN KEAN MOTORCYCLE (MOPED PASS DECUPANT - BUS	e Detaline	9	M HOT PASTED	4g.	From Ven.	
L-noN	CO MICHAEL MARIE	03_	3 3	DESTRIAN VCLE RID HER: SICAY TRIC	10 PEDESTRIAN 11 BICYCLE RIDER 12 OTHER: SKATEBOARD, TRICKCLE, STC.		COMPLAINT OF PART OF P	MAN BAS BOTH	198	# PARTIAL # PARTIAL	
Ш.	48. NAME/ADDRESS/PHONE NO. (INCLUDE ALL OFERATIONS PASSEMEERS AND PEDESTRIANS INVOLVED EVEN IF NOT INJURED)			AGE SEX	C PASS.IN	8	0000 FE.T	3000 0000	A-23508	TRANSPOSTED	
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District of Columbia

Item 73.	CONTINIIATION SHEET // jet from mumber of constinue continued with monitored information	Complaint No.
ġ		Companie 140.

A		IGHWAY SAFETY & I			r WRITE IN THIS	JOPAGE						
_	DATE OF CRASH	E, FLORIDA 32399-050	TIME OFFICER	NOTIFIED I	TIME OFFICER ARRIV	CO TIAN	/EST. AGENCY REPOR	T 10 (40FD	Luciarion			••••
5		ГшГ	7 _{PM}				ICST. AGENCT HEPOT	11 NUMBER		508		7
Location	COUNTY / CITY CODE	Feet or Mil	66 N	S E W	CITY OR TO		(C	heck if in City	or Town) CC		/ 	
				ا الله	of							
ණ ම	AT NODE NO. or	FEET / MILES FRO	M NODE NO.	NEXT NODE NO. N	IO. OF LANES	1 DIVIDED	ON STREET, ROAD	OR HIGHWA	Y -			
Ĕ	AT INTERSECTION OF	1 2 ar		FEET / MALES		2 UNDIVIDED						
		- 1.4	1		N S E	W 0-141	ERSECTION OF					
	VER 1 Phantom	YEAR MAKE	TYPE USE	VEH. LICENSE NU	MBER STATE VEHI	CLE IDENTIFICAT	TON NUMBER				POINT O)F II
	NON 2 Hit & Run 3 N/A								Y-5	1516	AREA OF	F
	AILER OR TOWED VEHICLE FORMATION	1	TRAILER TYPE							16 17	DAMAGE 18 U	inder
_	VEHICLE TRAVELING	.l !	ON At	Est. MPH	Posted Speed E	ST, VEHICLE DA	MAGE 1 Disabling			TRAILER DAI	20 W	finds
٦	\Box		•••	COL. IIII 1	Tours open	OI. VERNAL DA	2 Functional 3 No Damage		\Box	. IHAILEH DAI	MAGE 21 Fi 22 Tr	.re raile
Se	INSURANCE COMPANY (LIAB	ILITY OR PIP)		Р	OLICY NUMBER	VEI	IICLE REMOVED BY:		1 Tow B	otation List	3 Driv	
흴										wner's Reque		
Ven	OWNER'S FULL NAME (Check	t if Driver)		c	URRENT ADDRESS (N	lumber and Street)	OFTY	AND STATE		ZIP CODE	
	OWNER'S FULL NAME (Traile	r or Toward Vahicle)			URRENT ADDRESS (N	lumber and Cheet		OTT	110 07175			35
\dashv	The state of the s	a ronou ronaus,		·	OUNEMI MOONESS (M	nimber and Street)	CITY	AND STATE	2	ZIP CODE	
_	DRIVER (Exactly as on Driver	License) / Pedestrian		C	URRENT ADDRESS (N	umber and Street	a	TY & STATE	/ ZIP CODE	I DA	TE OF BIRT	H
III				van de service. Van de service de service de service de service de service de service de service de service de service de service	m* + 2*				-	- 1	1 1	de e
Pedestri	DRIVER LICENSE NUMBER			BAC TEST 3 Urine 1 Blood 4 Refused	RESULTS	AL/DRUG PH	IYS. DEF. RES	RACE	SEX	INJ.	S. EQUIP.	1
2	HATADDOUG MATERIALO	34 - 1 - 19 (19 h)		2 Breath 5 None								
١	HAZARDOUS MATERIALS BEING TRANSPORTED	1 Yes 2 No	PLACARDED	1 Yes 2 No	RECOMMEND RE-EXAM	1 Yes 2 No	If YES, Explain in Narrative	DRIVER'S	PHONE NO.			
ŀ	PASSENGER'S NAME (Addition	nal on Continuation Page)		CURRENT ADDRESS		CITY & STA	TE / 7/D	1) T AGE T	<u> </u>	Le sour	al .
1	, , , , , , , , , , , , , , , , , , ,		•	ooningit roonicoo		GIT & SIA	NE/Ar		AGE L	OC. NJ.	. S. EQUIF	P
	ER 1 Phantom	YEAR MAKE	TYPE USE	VEH. LICENSE NUM	IBER STATE VEHIC	LE IDENTIFICATI	ION NUMBER				POINT O	<u> </u>
	ON 2 Hit & Run 3 N/A									1319	AREA OF	۱.
TR/	AILER OR TOWED VEHICLE ORMATION		TRAILER TYPE							-13	DAMAGE 18 Un	den
Т	VEHICLE TRAVELING		A NC	Est, MPH	Posted Speed E	ST. VEHICLE DAM	MOD 4 Disables		14 13 12		20 Wi	inds
┪		·	, n	CSL MED	rusieu speau E	31. VERIOLE DIA	2 Functional		L ESI.	TRAILER DAM	MAGE 21 Fir 22 Tri	
	INSURANCE COMPANY (LIABI	LITY OR PIP)		PC	XLICY NUMBER	VEH	3 No Damage ICLE REMOVED BY:		\$ Town One	totion List	0.00	_
									1 Tow Roi 2 Tow Ow	ner's Reques	3 Drive st 4 Othe	
	OWNER'S FULL NAME (Check	if Driver)		, a	JARIENT ADDRESS (N	umber and Street)	·	CITY A	ND STATE	z	OP CODE	_
ļ	Charcon cur mans of the											
4	OWNER'S FULL NAME (Trailer	or lowed Vehicle)		α	JRRENT ADDRESS (N	umber and Street)		CITY A	ND STATE	Z	IP CODE	
1	DRIVER (Exactly as on Driver L	icense) / Pedestrian		a	IRRENT ADDRESS (No	ember and Street		Y & STATE	70 MME	1 041	E OF BIRTH	_
酎				•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	I GUINIL!	Dr WOL	Lan.	C OF BIRTH	•
SADA	DRIVER LICENSE NUMBER			BAC TEST 3 Unine	RESULTS	AL/DRUG PH	YS. DEF. RES	RACE	SEX	INJ.	S. EQUIP.	E
LL				Blood 4 Refused Breath 5 None	. %	1 1		ĺ			1	l
	HAZARDOUS MATERIALS 1 BEING TRANSPORTED	Yes 2 No F	LACARDED 1	Yes 2 No	RECOMMEND RE-EXAM	1 Yes 2 No	If YES, Explain in Narrative	DRIVER'S	PHONE NO.			-
L					ne-com		-	{	_).			
ľ	PASSENGER'S NAME (Addition	au on Continuation Page)	C	CURRENT ADDRESS		CITY & STA	TE/ZIP		AGE LC	DC. INJ.	S. EQUIP	1
+	VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE	(Driver Colul	PHYSICAL	DEFECTS	Taicone	/ DDIO : S-	_:	1000	L
ſ	01 Automobile	01 Private Transportation 02 Commercial Passenge	01 Single Semi 1 02 Tandem Sem	Trailer 1 County		1 No De	fects Known	1 Not I	J DRUG USE Drinking or Usin	ng Drugs	(In Vehicle	<u>(e</u>
5	02 Passenger Van 03 Pickup/Light Truck (2 rear tiree)	04 Public Transportation	03 Tank Trailer	3 Non-Res 4 Foreign	ident of State 5 Unknown	3 Fatigu 4 Hearin	pht Defect e / Asleep ig Defect	3 Drug	ool - Under Influ s - Under Influe ool & Drugs-Ur	ence	1 Front 2 Front 3 Front	^
ğ	04 Medium Truck (4 reer time) 05 Heavy Truck	05 Public School Bus 06 Private School Bus	04 Saddle Mount Flatbed	1/ DL TYPE	RACE	5 filoses	e, Epilepsy, Blackout Physical Defect	5 Had	Been Drinking ing BAC Test F		4 Rear I	Left Cent
III III III III III III III III III II	(2 or more rear axies) 06 Truck Tractor (Cab) 07 Motor Home (RV)	07 Ambulance 08 Law Enforcement 09 Fire/Rescue	05 Boat Trailer 06 Utility Trailer	1 A 2 E 4 D/Chau 5 E/Open	3 C 1 White fleur 2 Black	injury se	VERITY	SAFETY 8	QUIPMENT IN	USE	7 in Bod	nıgn İv a
		10 Military 11 Other Government	07 House Trailer 08 Pole Trailer 09 Towed Vehicle	6 E/Oper-	ttor 3 Hispan Rest 4 Other	1 None 2 Possib	ie	1 Not I 2 Seat	n Use Belt / Shoulder	r Harness	8 Bus P 9 Other	àsa
3	09 Bicycle 10 Motorcycle 11 Moged	77 Other	77 Other	REQUIRED	SEX	I 3 Non-in	capacitating citating Within 90 Days)	4 Air R	Hestraint an		EJECTED 1 No	_
	12 All Terrain Vehicle		1	ENDORSEME	NTS 1 Male	I 6 Non-Tr	Within 90 Days) raffic Fatality	5 Safet 6 Eye I	y Helmet rotection		2 Yes 3 Partiel	
1	13 Train 77 Other		· ·	1 Yes 2 No								,

Section 3 Weighted	THOM 2 HIS A RUN 2 HIS A RUN RAILER OR TOWED VEHICLE VEHICLE TRAVELING WENCLE TRAVELING OWNER'S FLILL NAME CLOCK & D OWNER'S FLILL NAME (Trailer or To	ON ON ON ON ON ON ON ON ON ON ON ON ON O	S. REQ. BAC TEST 3 Unin. THE SUL. 1 Blood 4 Refu. 2 Breath 5 None	PH Posted Speed EST. YERICLE POUCY MUMBER CURRENT ADDRESS (Number and St CURRENT ADDRESS (Number and St CURRENT ADDRESS (Number and St RESULTS AL/DRUG RECOMMEND 1 Yes 2 RECOMMEND 1 Yes 2 RECOMMEND 1 Yes 2 RECOMMEND 1 Yes 2	DAMAGE 1 Disabling 2 Functional 3 No Damage VEHICLE REMOVED BY: Teat) CITY & STAT PHYS. DEF RES RACE	POINT OF IMPACT CRICALE AREA OF DAMAGE AREA OF DAMAGE IS Undercarriage 19 Overturn 22 Trailer 2 Trailer 2 Trailer 2 Trailer 2 Trailer 2 Trailer 2 Trailer 2 Trailer 2 Trailer 2 Trailer 2 Trailer 2 Trailer 2 Trailer 2 Trailer 2 Trailer 2 Trailer 2 Trailer 3 Driver 2 Trailer 2 Trailer 2 Trailer 2 Trailer 2 Trailer 2 Trailer 2 Trailer 2 Trailer 3 Driver 2 Trailer 2 Trailer 3 Driver
00000000000000000000000000000000000000	7 Collision With MV in Transport (Backa 3 Collision With Parked Car 9 Collision With MV on Other Roadway D Collision With Pedestrian 1 Collision With Biovole	1 VEHICLES 1 2 3 1 9 Improper Load 20 Disregarded Other Traffic Control 21 Driving Wrong Side / Way 22 Fleeing Police 23 Vehicle Modified 77 All-Other (Explain) VIT In Mr Hit Using Sign Sign 10 10 10 14 Wr Hit Sign Sign 10 10 17 MV Hit Sign Sign 10 10 19 MV Hit Gendral 10 21 Wr Hit Great 10 22 MV Hit Concrete B od Into) 21 MV Hit Bridge Process 23 Collision With Traf 25 Collisio	Delect [6] LOCATION ON ROADWAY 1 On Road 1 2 2 Not On Road 3 Shoulder 4 Median 5 Turn Lane/ Safety Zone sel on the control of the control	VERICLE MOVE 2 3 01 Straight Ahea 2 Slowing / Stor 3 Making Left 1 4 Backing 5 Making Right 6 Changing Lat 7 Entering/Lee 9 Property Par 9 Improperty Par 10 Mating U-Tu 10 Mating U-Tu 2 3 01 Crossing Not at Inter 2 3 02 Crossing at Michobol 03 Crossing at Interest 04 Walking Ahea Pond 04 Walking Ahea Pond 05 Walking Ahea 06 Pond 06 Pond 07 Crossing Annual Pond 08 Walking Ahea 08 Pond 08 Walking Ahea 08 Pond 09 Walking Ahea 09 Pond 09 Walking Ahea 09 Pond 09 Walking Ahea 09 Pond 09 Walking Ahea 09 Pond	ADDRESS MENT d	VEHICLE SPECIAL FUNCTIONS 1 None 1 2 3 2 Fam 3 Police Pursuit 4 Recretional 5 Energency Operation 6 Construction / Maintenance LOCATION TYPE 1 2 3 1 Primarily Business 2 Primarily Residential 3 Open Country Bullettining CONDITION
15	Collision With Bicycle (Bike Lane) Collision With Moped Collision With Train ONTRIBUTING CAUSES - ROAD NO Defects	ENVIRONI	Object sable Object On Road ITING CAUSES -	TRAFFIC CONTROL 01 No Control 11 No Passing Zo	04 lcy 04 77 All Other (Explain) 77 SITE LOCATION	Fog U4 Concrete U5 Dirt 77 All Other (Explain) TRAFFICWAY CHARACTER
05 05 06 07	To Devices Obstruction With / Without Warning Road Under Repair / Construction Loose Surface Materials Shoulders - Soft / Low / High Holes / Ruts / Unsafe Paved Edge Standing Water Worn / Polished Road Surface All Other (Explain)	02 Incleme 03 Parked 04 Trees/ 05 Load o	nt Weather /Stopped Vehicle Crops / Bushes 1 Vehicle 1/ Fixed Object Sillboards	02 School Zone 77 All Other (Explicit Signal 04 Stop Sign 05 Yield Sign 06 Flashing Light 07 Railroad Signal 08 Officer / Guard / Flagman 09 Officer / Guard / Flagman 09 Other / Guard / Flagman 09 Other / Guard / Flagman 0	ini) 02 At Intersection 03 Influenced By Intersection 04 Driveway Access 05 Railroad Crossing 06 Bridge 07 Entrance Ramp 11	/ Srridge 1 Straight-Loyed 2 Straight-Upgrade 2 Straight-Upgrade 2 Straight-Upgrade 2 Straight-Upgrade 2 Straight-Upgrade 2 Straight-Upgrade 2 Straight-Upgrade 2 Straight-Upgrade 2 Unpawed 3 Curb
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WITNESS - NAME			ADDRESS		CITY & STAT	<u>_</u> E		ZIP	<u> </u>
WAS INVESTIGATION 1 Yes	2 No - Whers?	IS INVESTIG	ATION 1 Yes 2 No	- Why? DATE OF REPORT	PHOTOS 1. Yes	2 - No 3	3 - Investigati	ing Agency	4 Othe
MADE AT SCENE?	DER NAME	COMPLETE?	CHARGE		TAKEN?			TION #	
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MS INFO ITALS NLY	TIME EMS NOTIFIED		PM TIME EMS		UNTY / CITY CODE	DATE OF CRASH		NCY REPORT NUMBER			H REPORT		
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		NO WHERE	3 Police Officer	IS INVESTIGATION	1 YES 2 NO WHY?	DATE	OF REPORT	PHOTOS 1 YES	2 NO	3 INVEST	. AGENCY	4 OT	HED
encano	, 1 YES 2	MO											
STIGATIO E AT SCE	, – –	Ϊ		COMPLETE?	BADGE NUMBER DE	PARTMENT		TAKEN?]		l

AGRAM		INDICATE NORTH WITH ARROW
	Page Of Pages	

FI ORIDA TRAFE	IC CRASH REPORT	DO NOT WAITE IN 1	THE COACE	****************	************	***********
COMMERCIAL, VE	HICLE SUPPLEMENT AY SAFETY & MOTOR VEHICLES RECORDS ORIDA 22220 0500			•	******************************	************
TALLATIASSEE, FL	COUNTY/CITY C	ODE DATE OF CRASH	INVEST. AGENCY REPO	AT HUMBER	HSMV CRASH REPORT NUMBER)
	ONE OR MORE QUALIFYING VEHICLES WAS IN TAL INJURY OR WAS TRANSPORTED FOR TREATMEN		THE FOLLOWING OCCURRED: I WAS TOWED FROM THE SCENE	a. ONE OR MORE VE	NCLES WAS PROVIDED ASSISTANC	E
OUALIFYING VEHICLES Trucks with 6 or more Tires Or HAZ MAT Placard 18	ses Designed To Carry PERSONS or more Persons Sustaining Fr	stat Injuries Transp	orted For Immediate	VEHICLES Provided Assistance or Toward From the Scene D	ue to Damage	
CARRIER'S NAME					SOURCE	
ADDRESS (Humber and Street)		CITY	STATE Z	P	1. Shipping Paper 2. Vehicle Side 3. Driver 4. Other	
IDENTIFICATION NUMBERS: U S DOT					T NON	
STATE MUMBER		STA				<u> </u>
GROSS VEHICLE WEIGHT RATING Truck, Tractor or Bus		CARGO BODY TYPE 1. Bus	VEHICLE CONFIGURATION Q. Any 4-Tire Vehicle	<u> </u>	HAZARDOUS MATERIAL INVO	LVEMENT
E Trailer or Trailers (Total)		2. Van/Enclosed Box 3. Cargo Tank 4. Fist Bed 5. Dump	Bus Single Unit Truck (2 Auf Single Unit Truck (3 or a Truck of the truck (3 or a		Material Placerd? 1. Yes 2. No N TYPES" from Street Indicate	
C t Total Humber of Asies (Incl. Trailors)		5. Dump B. Concrete Miner 7. Auto Transport B. Gerbage or Reliase	Sugar out Track to or Track with Trailer Track Tracker Only Bolt Tracker with Seal-Traile Tracter with Seal-Traile Tracter with Trajes Item Other - Unable To Class		II "YES", from Placerd Indicate Hame or 4-Digit Humber From Diamond or Bux	
O SEQUENCE OF EVENTS (FOR THIS VE			S. Other - Unable To Class			
EVENT # 1	EVENT #2	EVENT #3	EMBIT # 4	`	1 Digit Number From Bottom of Diamond	
11. Ren Of Road 12. Jacktniled	COLLISION INVOLVING: 21. Pedestries 22. Moter Vehicle in Transport		<u> </u>	-	Was Hazardous Material Released From This	
13. Overturned or Rollover 14. Downhill Rungury: 15. Cargo Loss or Shift 16. Explosion or Fire	Moter Vehicle in Transport 23. Parked Vehicle Train 25. Padalcycle	•			Vehicle's Cargo?	
16. Explosion or Fire 17. Separation of Units 19. Other Events	26. Animal 27. Fixed Object 29. Other Object				•	
CARRIER'S NAME				<u></u>	SOURCE 1. Shipping Pages	
ADDRESS (Number and Street)		aly	STATE	2P	1. Shipping Papers 2. Vehicle Side 3. Dither 4. Cited	
IDENTIFICATION NUMBERS: U S DOT					NONE	
STATE HUMBER		STATE				
GROSS VEHICLE WEIGHT RATING Truck, Tractor or Bus		ARGO BODY TYPE Bus Van/Enclosed Box	VEHICLE CONFIGURATION O. Any ATIVE Vehicle 1. Bet		HAZARDOUS MATERIAL INVOLV Did Vehicle Have a Hazardous	EMENT .
e C Trailer or Trailers (Total)		Cargo Tank Flat Bed Dump	2. Single Unit Truck (2 Axle) 3. Single Unit Truck (3 or mo 4. Truck with Trailer	are Azdesi i	Material Placard? 1. Yes 2. No If "YES", from Placard Indicate	
Total Number of Axles (Incl. Trailers)		Auto Transport Gerbage or Reluse	5. Truck Tractor Only (Bobtal 6. Tractor with Semi-Trailer 7. Tractor with Troile Trailer 8. Tractor with Triple Trailers 9. Other - Unable To Clearly	. — .	Name or 4-Digit Number From Diamond or Box	
SEQUENCE OF EVENTS (FOR THIS VEHI	CLE) EVENT 52	DENT 44				-
		EVENT #3	EVENT # 4		1 Digit Mumber From Bottom of Diamond	
11. Ran Off Road 12. Jacktoiled 13. Overturned or Rollover	COLLISION INVOLVING: 21. Padestrian 22. Motor Vehicle in Transport 23. Parked Vehicle			į (Was Hazardous Material Released From This	
14. Downhill Achievry 15. Cargo Loss or Shift 16. Explosion or Fire	24. Train 25. Pedalcycle 26. Animal			4 .	Vehicle's Cargo? I. Yes 2. No	
17. Separation of Units 19. Other Events	27. Fixed Object 29. Other Object					
					*	

DEFINITIONS

TRUCK — A MOTOR VEHICLE DESIGNED, USED OR MAINTAINED PRIMARILY FOR THE TRANSPORTA-TION OF PROPERTY, FOR THE PURPOSE OF THIS FORM THE VEHICLE MUST ALSO MEET ONE OF THE POLLOWING CRITERIA:

BUS — A MOTOR VEHICLE PROVIDING SEATS FOR 16 OR MORE PERSONS INCLUDING THE DRIVER AND USED PRIMARILY FOR THE TRANSPORTATION OF PERSONS.

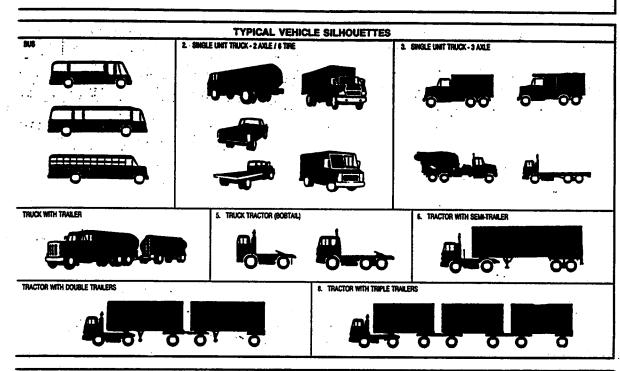
HAVE AT LEAST & TIMES ON THE GROUND

CAPRY A HAZARDOUS MATERIAL PLACARD

TRALER - A NON-POWER VEHICLE TOWED BY A MOTOR VEHICLE.

REPORTABLE CRASH — A TRAFFIC CRASH REQUIRED TO BE REPORTED IN WRITING BY A LAW ENFORCEMENT OFFICER TO THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES INVOLVING ONE OR MORE TRUCKS OR BUBES (AS DEFINED ABOVE) WHICH RESULTS IN:

- ONE OR MORE FATALITIES
 - CHE OR MORE MON-FATAL INJURIES REQUIRING TRANSPORTATION FOR THE PURPOSE OF OBTAINING IMMEDIATE MEDICAL TREATMENT.
- ONE OR MORE OF THE VEHICLES BEING REMOVED FROM THE SCENE AS A RESULT OF DISABLING DAMAGE
- ONE OR MORE VEHICLES REQUIRING INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.





Accident Number	Agency NCIC No.				County	·	Date Rec. By DPS
Date	Day Of Week	Time Off.	Arrived T	otal Number		Inside	
Date		City Of:					
Occurrence		Intersection					Corrected Report
		4 City St. With 1 C	Interstate 2 Low	est St. Rt. 3	Co. Road	4 🗆 City St.	Suppl. To Original
Intersection But		h 3 East Of: h 4 DWest 1 Intere	tate 2 D Lowest St.	Rt. 3 (2 Co.	Road 4 D	City St. 5 D C	1
And Continuing in the Direction Checked Above The Next Reference Point is	1 Interstate 2 I					·	
Driver # Last Name	First	Middle			F	irat	Middle
Ped Address			Ped 🗆 Addr	988			
City State	e Zip	DOB	City	State	,	Zip	DOB
			Driver's License	No.		Class Si	tate 🗆 Male
Speed		<u> </u>		Insurance C	0.	Policy No	
	Model	Telephone No.	Year M	ike	Mode	el	Telephone No.
						Vehic	le Color
		Year	Tag #	S	tate	County	Year
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as Driver	me First	Middle		er's Last Na	ne	First	Middle
Address			Address		· · · · · ·		
	Zip		City	State		Zip	
•		☐ Request ☐ List	Removed By				☐ Request ☐ List
Test		pe Results	Alcohol T	ype Res		ug Typ	e Results
		Contributing Factors	Driver	Direction of Travel		Vision	Contributing Factors
		 = =	Vehicle	Vehicle		Pedestrian	 -
Most Harmful Event		Vehicle Type				Maneuver	Vehicle Type
Traffic Control	Device Inoperative?	☐ Yes ☐ No	Traffic Control				☐ Yes ☐ No
Injured Taken To			Ву:			····	
			Photos Tak	en: 🗆 Ye	s 🗆 N	lo By:	
							Date Checked
		Ску	Stat	-	ZIP Co	- Te	elephone No.
DPS MICROFILM NUMBER	(DO NOT WRITE IN THE	S SPACE)					
		COMMERCIAL	/EHICLES ONLY				
Carrier Name Vehicle #			Carrier Name				
Address							
			City	State	,		Zip
Axles	1 🗆 Yes 2 🗆	No Type	Axles			ed. Reportable	Cargo Body Type
Config.		Intrastate 🗆		C.M.C. #	U.S.	. D.O.T. #	Interstate Intrastate
Vehicle Placarded? 1 ☐ Yes 2 ☐ No	Hazardous Materials? Released?		Vehicle Placarded 1 ☐ Yes 2 ☐ No	?	Hazardo	us Materials? Released?	1 Yes 2 No 1 Yes 2 No 1 Yes 2 No
1 Digit Numb	vn Hill Cargo Los		1	Digit Numbe	er from Bot	tom of Diamon	
	naway Or Shift	Separation of Units	Ran Off Road		n Hill _ away	Cargo Loss Or Shift	Separation of Units:

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Ę	Accident Investig		CITATIONS - VEI	HICLE #					CITAT	IONS -	VEHIC	CLE #_						
	Yes Site Number:	□ No																
3	First	Traffic-	Weather	Surface	7	l imbt		Monner	Loca	ion		Ros			ad	l a	ad	
	Harmful Event	Way Flow	***************************************	Cond.		Light Condition		Manner Of Collision	At An Of In	ea pact		Co	mp.	De	elects	Ci	aracter	
<u>Ş</u>			VEH. #	VEH. #	Sk	ID DISTA					FTEF					Wilder	h Of Ros	, d
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MAIL TO: GEORGIA DEPARTMENT OF PUBLIC SAFETY, ACCIDENT REPORTING UNIT, P.O. BOX 1486, ATLANTA, GEORGIA, 30371-2303	Last Name	Fird	st .	Address	Dri													
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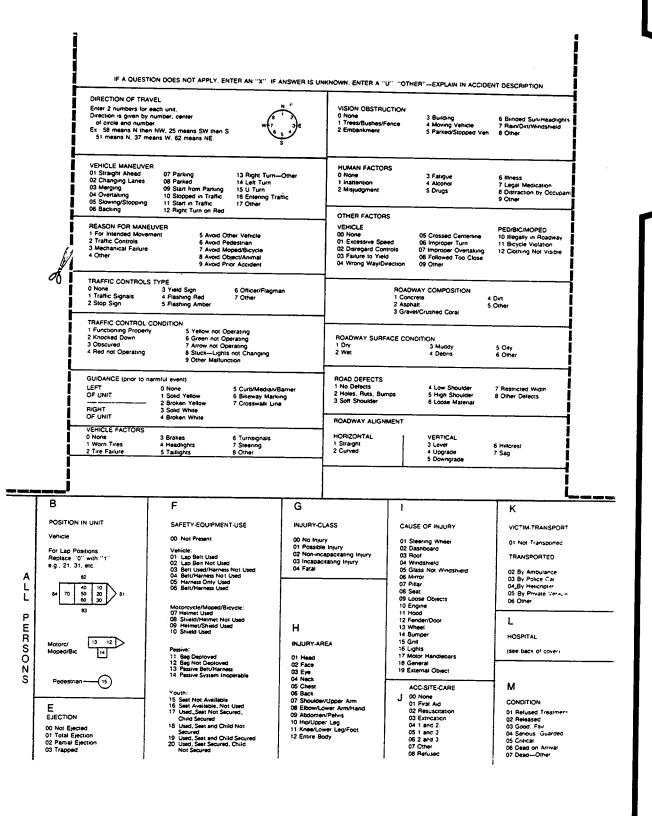
ALCOHOL AND/OR DRUG TEST GIVEN 1 - Yes 2 - No 3 - Refused TYPE TEST 1-Blood 2-Breath 3-Urine 4-Other DRIVER CONDITION 1 NOD Infining 6 U.I. Alcohol & 2 Not Known if U.I. 3 Drinking 7 Physical 3 Drinking 7 Physical	PEDESTRIAN MANBUVER 1 Crossing, 6 Other Working in Road Not At Crosswalk 7 Playing in Roadway 2 Crossing At Crosswalk 8 Standing in Roadway 3 Walking With Traffic 9 Off Roadway 4 Walking Against Traffic 10 Other 5 Pushing O' Working O' Vehicle	CONTRIBUTING FACTORS 1 No Contributing Factors D.U.I. 3 Following Too Close 4 Falled To Vield 5 Exceeding Speed Limit 6 Disregard Stop Sign/Signal 7 Wrong Side Of Road 8 Weather Conditions	1 Passenger Car 2 HTMC Towing House 2 Pickup Truck 2 Trailer 3 Truck Trailer 4 Tractor (Bobtail) 15 Ambutance 4 Tractor (Trailer 5 Tractor Wireln Trailer 16 Motorized Recreational 5 Logging Truck of Trailer 7 Motorcycle, Scoter, Ministra 8 Single (prit Truck 18 Moped 18 Moped 18 Single (prit Truck 18 Moped 18 Moped 18 Single (prit Truck 18 Moped 18 Mop
Not impaired impairment 4 U.t. Alcohol 8 Apparently Fell 5 U.t. Drugs Asleep DIRECTION OF TRAVEL	FIRST HARMFUL EVENT/MOST HARMFUL EVENT NON-COLLISION 1 Overturn 4 Jacktrife 2 Firs/Explosion 5 Other Non-Collision 3 Immersion	8 Weather Conditions 9 Improper Passing 10 Driver Lost Control 11 Changed Lanes Improperly 12 Object Or Animal 13 Improper Turn	Panel Truck 19 Padelcycle, Bicycle 10 Van 11 Utility Passenger Veh. 12 Vehicle With Trailer 13 Bus
1-North 2-South 3-East 4-West VISION OBSCURED BY 1 Not Obscured 5 Trees, Bushes 2 Headlights 6 Rain, Snow, Ice 3 Sunlight On Windshield 4 Partiad Vshicle 7 Other	COLLISION WITH OBJECT NOT FIXED 6 Pedestrian 11 Motor Vehicle In Motion - Pedatycite 12 Motor Vehicle In Motion - Rethway Trail - 13 Other Object (Not Fixed) 19 Parked Motor Veh. 14 Deer 1	14 Parked improperly 15 Mechanical Or Vehicle Falture 16 Surface Defects 17 Misjudged Clearance 18 Improper Backling 19 No Signal/Improper Signal	1 No Control Present 5 Stop Or Yield Sign 2 Traffic Signal 6 No Passing Zone 3 RR Signal/Sign 7 Lanes 4 Warning Sign 8 Other
VENICLE CONDITION 1 No Known Defects 5 Steering Failure 2 Tire Failure 6 Slick Tres 3 Brake Failure 7 Other 4 Improper Lights	10 Particle Motor Vent. 14 Deep Columbia Vent. 15 Impact Attenuator 24 Luminaire/light 16 Bridge Pler/Abutment 25 Utility Pole 17 Bridge 26 Other Poet	20 Driver Condition 21 Driverless Vehicle 22 Too Fast For Conditions 23 Improper Passing Of School Bus 24 Disregard Police Officer 25 Distracted	1 Van (Encl. Box) 4 Dump 7 Cargo Tanker 2 Auto Carrier 5 Garbage/Refuse 8 Concrete Mixer 3 Bus 6 Flatbed 9 Other
VEHICLE MANEUVER 1 Turning Left 9 Passing 2 Turning Right 10 Negotisting A 3 Making U-turn 4 Stopped 11 Entering/Lewing 5 Streight 0 Changing Lanes 12 Entering/Lewing 7 Backing 0 Parked	7 Parapet End 18 Bridge Rail 22 Culvert 19 19 Guardrai Face 20 Ditch 22 Ditch 21 Median Barrior 22 Highway Train 22 Malbox 31 Pence 23 Overhead 34 Other Fixed Object 23 Overhead 34 Other Fixed Object 25 Opposits 25 Opposi	1 Privately Owned 6 Military 2 Police 7 Commercial 9 Police 9 Commercial 9 Police 9 Commercial 9 Police 9 Commercial 9 Police 9 Commercial 9 Police	1 Bus (Sesting For More Than 15 Passengers) 2 Single Unit Truct: 2 Ades 3 Single Unit Truct: 3 Or More Axles 4 Truct/Trailer 5 Truct Tractor (Bobtail) 6 Tractor/Trailer 7 Tractor With Twin Trailers 8 Unknown Heavy Truck (Cannot Classity)

Georgia Report By: Page ____ of ___ DPS-523C (01/94) Attach to DP8-523 Original size document - 8-1/2 X 11

	PAGE 1 OF 2	STATE OF H	NAMA	N	MOTO	OR	VEHICLE	ACC	CIDEN	T RE	PORT				HPD-10	8A (R-	-4/91
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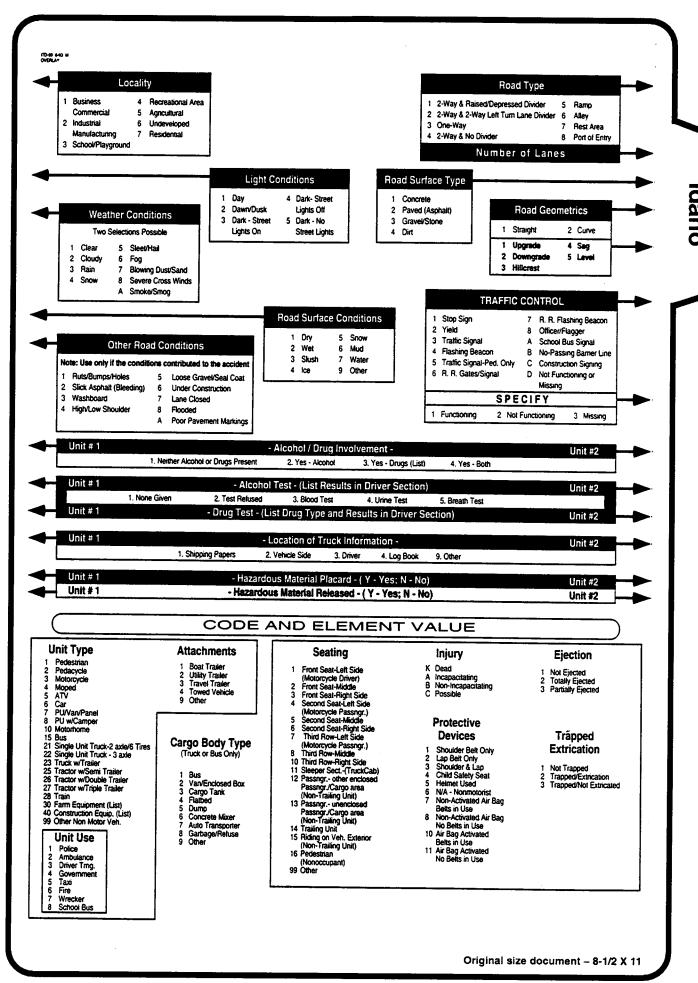
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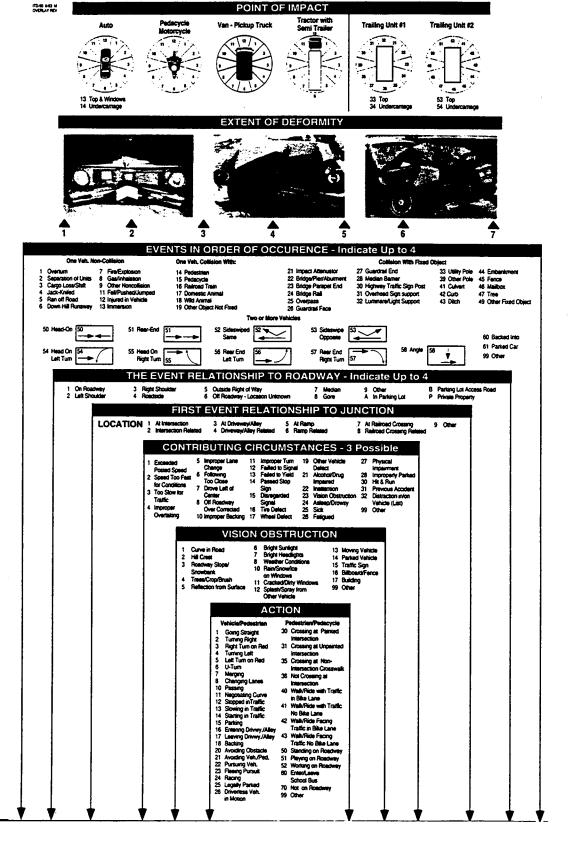


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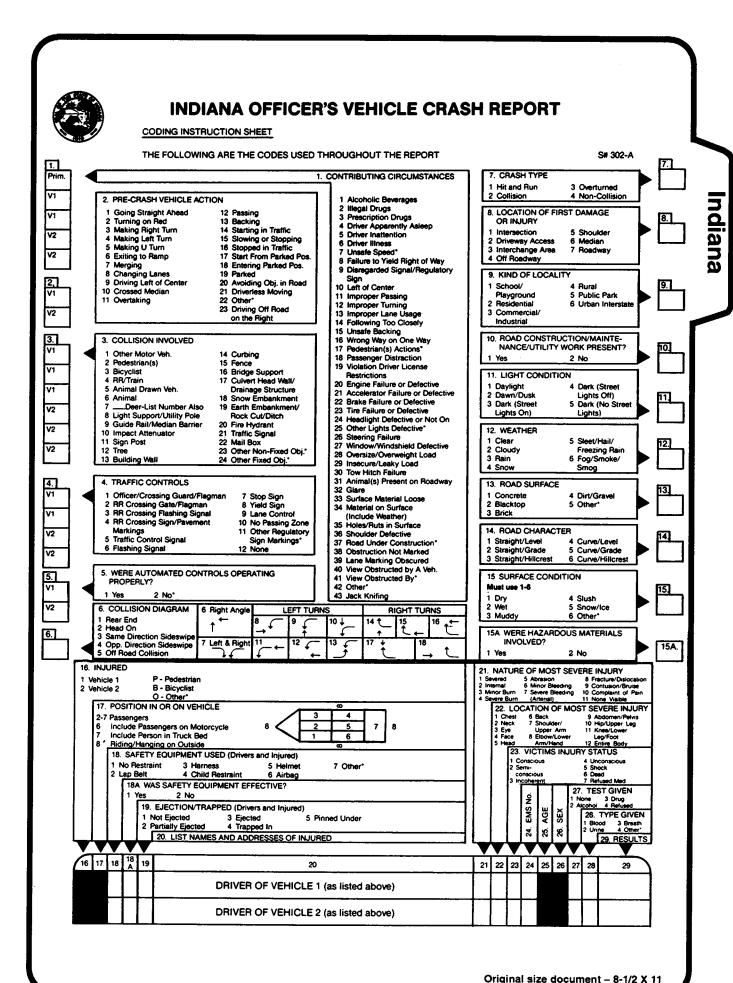


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D1 Insured By Other Participant(s) Name, Address (etc.)		D2 Insured By		
Other Participant(s) Name, Address (etc.) Name of Witness No. 1	Address	D2 Insured By	Location at Time	
Other Participant(s) Name, Address (etc.) Name of Witness No. 1 Name of Witness No. 2	Address		Location at Time	of Crash
Other Participant(s) Name, Address (etc.) Name of Witness No. 1 Name of Witness No. 2 Name of Person Arrested	Address I.C. Code(s)	Name of Person Arrested	Location at Time	of Crash
Other Participant(s) Name, Address (etc.) Name of Witness No. 1 Name of Witness No. 2 Name of Person Arrested	Address I.C. Code(s) on of Investigation	Name of Person Arrested		I.C. Code(s) Photos Taken Yes No
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Other Participant(s) Name, Address (etc.) Name of Witness No. 1 Name of Witness No. 2 Name of Person Arrested Z Time Notified AM Time Arrived AM Other Location	Address I.C. Code(s) on of Investigation	Name of Person Arrested	Location at Time	I.C. Code(s) Photos Taken Yes No



INDIANA STATE POLICE SUPPLEMENTAL TRUCK AND BUS ACCIDENT REPORT

Did this accident involve a

1. truck with at least 2 axise, 6 tires or haz met placerd? or
2. bus with seats for more than 15 people, including driver?

STOP - If resonate to 1 and 2 is "NO", do not till out form.

3. person(a) fatally injured?

4. injured person(a) taken away for medical attention?

5. vehicle(a) towed from scene?

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NV	EST	IGA	TOR	'S I.	D. N	UME	ER				
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ACCIDENT I.D. NUMBER

STOP - If response to 3.4. If response in "YE:	and 5 is "NO", do not fill out for b" to 3.4, or 5 fill out form.	m.	
A. REPORT ACCIDENT NUMBER	A	CCIDENT INFORMATION B-1. CARRIER'S IDENTIFICATION NUMBERS	
STATE NUME	BER	US DOT MC]
B-1. CARRIER'S IDENTIFICATION	NUMBERS	B-2. SOURCE VEHICLE X SHIPPING X DRIVER X	
STATE NUME	BER	SIDE A PAPERS A DRIVER A	
B-2. CARRIER'S NAME			
B-3. CARRIER'S STREET			ПП
ADDRESS LLLL			
B-3. CITY		STATE CODE NUMBER/NAME OF HIGHWAY/ST	LLL REET
C. ACCIDENT MM/DD	P. ACCIDENT	HHMM AM X PM X E-1. ACCIDENT	
E-2. TOWNSHIP/		COUNTY	Ш
F-1. TRUCK OR BUS DRIVER'S NA	ME	FIRST M.I.]
F-2. DRIVER'S LICENSE		F-3. STATE G. NUMBER OF FATALITIES AS RESULT OF ACCIDENT OF ACCIDENT OF ACCIDENT	
i. WERE ANY VEHICLES TOWED			
AS A RESULT OF DAMAGE REC		J. GROSS VEHICLE K. AXLES ON VEHICLE (INCLUDING TRAILERS) L-2. FROM PLACARD INDICATE:	Ш
L-1. DID VEHICLE HAVE HAZ MAT PLACARD? Yes	. X	4 - DIGIT PLACARD NUMBER/ 1 - DIGIT NUMBER FROM]
TIPLE WITH PLANTING : 108	I No∟≟	NAME FROM DIAMOND/BOX BOTTOM OF DIAMOND	
L-3. WAS HAZARDOUS CARGO FF (DON'T COUNT FUEL FROM FUE	ROM VEHICLE RELEASED?		•
L-3. WAS HAZARDOUS CARGO FF	ROM VEHICLE RELEASED?	Yes No OFFICER'S SIGNATURE	•
L-3. WAS HAZARDOUS CARGO FF	ROM VEHICLE RELEASED?	Yes No No	
L-3. WAS HAZARDOUS CARGO FF (DON'T COUNT FUEL FROM FUE	ROM VEHICLE RELEASED? L TANK)	OFFICER'S SIGNATURE O. SEQUENCE OF EVENTS (FOR THIS VEHICLE)	
L-3. WAS HAZARDOUS CARGO FF (DON'T COUNT FUEL FROM FUE M. VEHICLE CONFIGURATION	N. CARGO BODY TYPE	Yes No OFFICER'S SIGNATURE	·)
L-3. WAS HAZARDOUS CARGO FF (DON'T COUNT FUEL FROM FUE M. VEHICLE CONFIGURATION 1 BUS SINGLE UNIT 2 TRUCK: 2 AXLE	N. CARGO BODY TYPE 1 BUS VAN/ 2 ENCLOSED	OFFICER'S SIGNATURE O. SEQUENCE OF EVENTS (FOR THIS VEHICLE) RAN OFF]
L-3. WAS HAZARDOUS CARGO FF (DON'T COUNT FUEL FROM FUE M. VEHICLE CONFIGURATION 1 BUS 2 SINGLE UNIT 1 TRUCK: 2 AXLE 6 TIRES 3 SINGLE UNIT 1 TRUCK: 3 OF MORE AXLES	N. CARGO BODY TYPE 1 BUS VAN/ 2 ENCLOSED 3 CARGO	OFFICER'S SIGNATURE O. SEQUENCE OF EVENTS (FOR THIS VEHICLE) RAN OFF	
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Form 433003 10-90 H-2190

PLEASE TYPE OR PRINT

MAIL REPORTS TO: lowa Department of Transportation Office of Driver Services Park Fair Mall, 100 Euclid Avenue P.O. Box 9204 Des Moines, Iowa 50306-9204



lowa Department of Transportation

INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

	SUMMAR	Y Persons P	mber of Killed			Total Nur Persons I	nber of njured				otal Numb shicles Im					ACCID	ENT NUMBER
	Date of a	, Is	y of Week (un Mon 1 2	Code: Tues Wed 3 4	Thu Fri 5 6	Sat L	J	Time	of Acciden		otal Amou					1	
	County				Acc	ident occurr porate limits	ed within of (city)										۔ لیا ل
إ	If accident of coutside of coutside of coutside of coutside of coutside of coutside of coutside of coutside of coutside of coutside of coutside of coutside of coutside of coutside of coutside of coutside of coutside of co	ity limits	_ miles		NE E	SE S	sw w	/ NW	of nearest	city						Bourse	Road Inter-
3	On Road, S or Highway								Road Class Code			1	U.S. or S	ASS CODE	,		Class Class
	At Inter- section with	1			•				Road Class Code			5. Other	3. Cou 4. Cit	nty Road y Street	known	inters	ection Identifier
^	intersection	s accident occu , bridge or railro	oed crossin	g, using two d	istances and	directions if	ed above, us necessary.	the spa	ce below to	give the ex		n from a		or definable		Ref	erence Node
	Feet or	Miles N				<u> </u>	Feet nd	Mil- or	•• N	NE E		Š.	sw v		of	Dist	ance Indicator
	Milepost Nu		Definable, in pridge or rai	ntersection, ilroad crossing)											Dir	ection Node
		ne - Last. First, N							Address				C	ity		State	Zip
	Date o		Male Femi		icense Numb	er	Class/Type			State	License			icense End.		Res/End. Compiled With	1 = Yes 2 = No 0 ≠ Unknown
U	Citation Nur			n Charge					Ph	one	1	Chemic Test Given?		1. None 2. Breath	3. Bloc 4. Urin		%
	·	Name - Last, Fi							Address					ity		State	Zip
1	Year	Vlake		Model		Style		License	Plate		State		Year	VIN No.			
	ļ	Vehicle Remo	ived By		hicle Type Co moval Author					otal Occupa Damaged A			Attachme	nt L	Fire	Explosion L	Hit & Run
		Vehicle Remo	ived To		s	imate Cost to			-	Vehicle De			Initial	Direction Tra	Ivel L		Limit
Γ	Driver's Nam	ne - Last. First, N	Addle					ŕ	ddress				c	ity		State	Zip
	Date of		Wale Femi		icense Numbi	br	Class/Type			State	License			icense End.		Res/End. Compiled With	1 = Yes 2 = No 0 = Unknown
U	Citation Nun	nber	Citation	n Charge					Pho	ene		Chemica Test Given?	<u>"</u>	1. None 2. Breath	3. Bloc 4. Urin	od 5. Refused e	Test Results %
I T	Owner's Full	Name - Last, Fi	irst, Middle				- <u>-</u>	r	ddress				C	ity		State	Zip
2	Year A	dake .		Model		Style		License	Plate		State		Year	VIN No.			
		Vehicle Remo	ved By		nicle Type Co					otal Occupa Damaged A			Attachme	nt LL	Fire	Explosion L	Hit & Run
		Vehicle Remo			s	imate Cost to				Vehicle Del			Initial	Direction Tra	vel L		Limit L
F	If Property oth Damaged expl	er than vehicles lain	Object	Damaged						E:	timate of	Damage			owner o		1-Yes 2-No 0-Unknown
r	Name of Owne	er .	<u> </u>				Street or RF	0	-				City	& State, Zip	Code		
	ACCIDENT EI	NVIRONMENT	<u> </u>	j .			ROADWAY (TERISTICS	Veh	.1	Veh	.2	Coll	lision Ty	/pe	
1	Type of Accide Roadway Geo	metrics		<u> </u>			Type of Traff Traffic Flow							01		77	13 → ←
1	Character of R Locality Light Conditio			<u> </u>			Type of Surf Vehicle Actic Fixed Object	on .				금	_	°°	– •	» 	14
1	Weather Cond	litions (up to two			Veh. 2		Location of F Struck if App Surface Con-	ixed Obj			L	\Box	ப	03	- •	» <u> </u>	15
8	Roadway/Envi Contributing C	ironment Relate Circumstances		 	- H		Vision Obscu				二	ш		04	<u> </u>		16 —
1	Oriver Condition Oriver/Vehicle pributing Circu (up to two)	Related Con-												os <u> </u>	~ 1 <u>~</u> 1	12 —	17 - Other 18 - Single Veh. 19 - Pedestrian 20 - Bicycle

SEV 1-Fa 2-Mi	ERITY tal lior	INJURED AREA 1-Upper torso 2-Lower torso		_	POSITION	M-Motorcycle Moped Dri	/	PROTECT 1-None 2-Lap be	IVE DEVICE	1-Not ejected		Sex M-Mi F-Fei	sie male					
3-Mi (B 4-Po	capacitating)	3-Internal 4-Head 5-Arms 6-Legs 7-Multiple 0-Unknown	1 4 7	2 5 8	3 6 9	S-Motorcyck Moped Pas U-Bus Pass 8-Bicycle P-Pedestrian T-Other	e/ sænger E-Riding on	3-Lap and 4-Airbag 5-Child n	d shoulder deployed estraint cycle helmet belt	2-Partially ejected 3-Totally ejected 4-Extricated 0-Unknown	Age	Sex	Unit No.	S	W-10-0-	P 0 8 - t - 0 6	P 0 v i c e t	E j e c t - o n
P	Name						Address				 			Ĺ				
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	5										<u> </u>							
Injure	d Transported						PEDESTRIAN	ــــــــــــــــــــــــــــــــــــــ	- − ais	eck if pedestrian is to listed as a driver		AP PE	PAREN DESTR BRIET	IT IJAN		Te	st Resu	its
To: _		······································					COLOR OF	Ш	QH.	this report		50	 					,,
Ву: _								~-										_
	DIAGRAM WHAT HAP													INI NO	DICATE PRTH	(
	Number each vehicle a by arrow.	and show direction	of travel															
		₽ ₫]-																
D	Use solid line to show	path before accide	nt.															
A	Dotted line after accid	ent.																
G		⊃ <u>`</u>																
A M	Show pedestrian by: -	-																
	Show utiltity poles by:	Φ.																
	Show motorcycle by:	0 0																
	Show animal by: $igwedge$																	ļ
	Describe What Happer	ned (Refer to vehicl	es by nur	nber)														
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Signa	ture of Officer						Badge No.		Report Giv To All Driv	en ers	יי ר	Yes	Was i made	nvestig at sce	ation ne?			
Name	of Department						Date of Repo	rt		er Notified of Accide	2-1 nt	NO	1			_	1-Y	PS
L												Hrs.	Comp	tigation	,			
Repor	t Reviewed by						Date Reviews	d	Time Office	er Arrived At Scene		٠.				_	1-Y	.
							1					Hrs.					2-14	

				1	1	5
VEHICLE TYPE C	ODE	INITIAL DIRECTION	TRAVEL	Light Conditions	ROADWAY CHARACTERISTICS	Surface Conditions
01-Passenger Car	•	1-North	6-Southwest	1-Daylight	Traffic Controls	1-Dry 6-Mud
02-Car & Trailer			7-West	2-Dusk	01-No Controls Present	2-Wet 7-Debris
03-Par.el Truck 04-Pickup Truck			B-Northwest D-Unknown	3-Dawn 4-Darkness (Roadway Lighted)	02-Traffic Signals	3-lce 8-Other
05-Pickup & Traile	er	5-South	D-OTIMIOWII	5-Darkness (Roadway Not Light	ed) 03-Stop Sign	4-Snow 0-Unknown 5-Loose Gravel
06-Pickup Campe	r			0—Unknown	04-Yield Sign 05-Warning Sign	(Indicate up to two conditions)
07-Straight Truck 08-Truck Tractor		ACCIDENT ENVIRO	NMENT	Weather Conditions	06-School Signals	Vision Obscured
09-Truck Tractor/S	Semi			1-Clear 6-Sleet/hail	07-No Passing Zone (Marked)	01-Not Obscured
10-Double Bottom		Location of Acciden)t	2-Cloudy 7-Snow	08-School Stop Sign 09-Stop Arm on School Bus	02-Trees/Crops
11-Tow Truck/Wre 12-Motor Home	ecker	1-On Roadway 2-Shoulder		3-Fog 8-Strong Win 4-Mist 9-Other	10-Railroad Warning Sign	03-Buildings 04-Embankment
13-Bus		3-Median		5-Rain 0-Unknown	11-Railroad Automatic Signal	05-Sign/Billboard
14-School Bus		4-Roadside/Ditch		(Indicate up to two conditions)	12-Railroad Crossing Gate	06-Hillcrest
15-Farm Veh/Equi	P	5-Outside of Right	of Way	CIRCUMSTANCES	13-Peace Officer 14-Other Traffic Director	07-Parked Vehicles 08-Moving Vehicles
17-Bicycle, Etc.		0-Unknown			15-Other Control	09-Person/Object In or on Vehicle
18-Recreation Veh	n.	TYPE OF ACCIDENT		Roadway/Environment Related C		10-Blinded by Sun or Headlights
19-Maint/Const Ve	eh.	Non-Collision		tributing Circumstances	Place 00-Unknown	11-Frosted Windows or Windshield
20-Train 21-Other (Describe	e)	01-Overturned in Ro	adway	01-None Apparent 02-Weather Conditions		12-Blowing Snow 13-Fog/Smoke/Dust
22-Moped	-,	02-Jackknifed	eoway	03-Surface Conditions	Type of Traffic Way	14-Other (Explain in Narrative)
00-Unknown		03-Carbon Monoxide	•	04-Roadway Defect	1-One Lane or Ramp 2-Two Lanes	00-Unknown
SPECIAL USE CO	DE	04-Fire/Explosion		05-Pedestrian Action	3-Three Lanes	PEDESTRIAN
1-None	6-Ambulance	05-Immersion 06-Other		06-Pedestrian Drinking 07-Previous Accident	4-Four or More, Undivided	
2-Police	7-Towing			08-Animal in Roadway	5-Four or More, Divided 6-Alley	Pedestrian Action
3-Fire 4-Taxi	8-Driver Trng. 9-Other	Collision of Motor V	ehicle with:	09-Frost Covered Bridge Floor (C	Only) 7-Driveway	01-Crossing, Against Signal 02-Crossing, Not At Crosswalk
5-Gov't	(Describe)	10-Pedestrian		10-Traffic Control not in Place or	8-Other	03-Walking, Improper Position on
	0-Unknown	11-Vehicle in Traffic		not Functioning 11-Non-Contact Vehicle	0-Unknown	Roadway
ATTACHMENT		12-Motorcycle in Tra	iffic	12-Road under Construction	Traffic Flow	04-Soliciting Rides on Road
01-None		13-Vehicle in Other I	Roadway	13-Other	1-One-Way Traffic	05-Walking With Traffic 06-Walking Against Traffic
02-Single Trailer		14-Parked Vehicle 15-Train		00-Unknown	2-Two-Way Traffic	07-Crossing, With Signal
03-Double 04-Semi		16-Pedacycle		Driver Condition	0-Unknown	08-Crossing, In Crosswalk
05-Farm		17-Animal		01-Apparently Normal 02-Physical Defect	Type of Surface	09-Onto Road Between Parked Cars
06-Utility		18-Fixed Object 19-Other Object		03-Fatigued	1-Cement/Concrete	10-Ran Onto Roadway 11-Directing Traffic
07-Camping 08-Boat Trailer				04-Apparently Asleep	2-Asphalt 3-Gravel/Rock	12-Playing
09-Mobile Home		ROADWAY GEOMET	TRICS	05-111	4-Dirt	13-Lying or Sitting on Roadway
10-Mobile Home (0	Oversize)	1-Straight, Level		06-Under Medication 07-Infirmities of Age	5-Brick	14-Pushing, Working on Vehicle
11-Oversize Load		2-Straight, Up/Down		08-Drinking (Not Impaired)	6-Steel (Bridge Floor) 7-Wood (Bridge Floor)	15-Getting On or Off Vehicle 16-Maint/Const Project
12-Towed Vehicle 13-Other		3-Straight, Hillcrest 4-Curve, Level	•	09-Drinking (Impaired)	8-Other (Explain in Narrative)	17-Walking, Off Roadway
00-Unknown		5-Curve, Up/Downg	rade	10-Drugs	2-Unknown	00-Unknown
FIRE/EXPLOSION		6-Curve, Hillcrest		11-Other 00-Unknown	Vehicle Action	COLOR OF
1-None 2-Yes		7-Intersection, Leve 8-Intersection, Up/E		Driver/Vehicle Related Contribut		CLOTHING
HIT AND RUN		9-Intersection, Upit		Circumstances	02-Turning Left	1-Generally Light
1- None		0-Unknown		(For each vehicle, indicate up to	two 03-Turning Right	2-Generally Dark
2- With MV 3- With Non-Occ		CHARACTER OF RO	ADWAY	circumstances which caused or	con- 05-Passing	0-Unknown
4- Driver Left Sci		Not an Intersection		tributed to the accident)	06-Changing Lanes	APPARENT PEDESTRIAN
0- Unknown				01-None Apparent 02-Ran Traffic Signal	07-Merging	SOBRIETY
REMOVAL AUTHO	RITY	01-No Special Featu 02-Bridge/Overpass/I		03-Ran Stop Sign	08-Parking	
1-None	5-Occupant	03-Railroad Crossing		04-Passed Stopped School Bus	09-Slowing - Stopping 10-Backing	1-Had Not Been Drinking 2-Drinking (Not Impaired)
2-Owner 3-Driver	6-Other 0-Unknown	04-Business Drive		05-Passing Where Prohibited	11-Stopped for Stop Sign/Signal	3-Drinking (Impaired)
4-Officer	O-CHRHOWN	05-Farm/Residential		06-Passing, Interfered with other Vehicle	12-3topped in Harric Lane	4-Drugs
	INDICATE	06-Other, Non-Inters	ection	07-Left of Center, Not Passing	13-Stalled in Traffic Lane 14-Properly Parked	0-Unknown
	POINT OF	Intersection		08-Failed to Yield Row (FTYROW	15-Improperly Parked	
Front 02	INITIAL IMPACT	11-Within intersection		at Uncontrolled Intersection 09-FTYROW, From Stop Sign	16-Other (Explain in Narrative)	1
	1 . [12-Not Within Inters tersection Relate		10-FTYROW, From Stop Sign	17-Unattended moving Vehicle	1
	INDICATE DAMAGED			11-FTYROW, Making Left Turn	00-Unknown	.ļ
	AREA OF VEHICLE	14-Other (Intersection		12-FTYROW, From Driveway	Fixed Object Struck	
(m) (m) (m)		Interchange		13-FTYROW, From Parked Positi 14-FTYROW, to Pedestrian		
	الللا	21-Intersection of Ra	amp and Minor	15-FTYROW, to Pedestrian	02-Bridge or Overgass 03-Underpass or Bridge Supports	1
10 Under- Carriage		Ròad	p sare miner	16-Wrong Way on One-Way Road	04-Building	I
00 Unknown	البليا	22-Ramp		17-Speed Too Fast for Condition	s 05-Culvert	I
DAMAGE SEVERI	TY CODE	23-On Major Road, B		18-Exceeding Speed Limit 19-Drag Racing	06-Curb 07-Ditch	1
1-None	3-Moderate	24-On Minor Road, E 25-Entrance Ramp at		20-Improper Turn	08-Island or Raised Median	1
2-Light	4-Severe	26-Major Road at Ex		21-Improper Lane Change	09-Embankment or Retaining Wall	I
	0-Unknown	27-Bridge/Overpass/t	Underpass	22-Following too Close	10-Fence	
VEHICLE DEFECT		28-Not Within Interc	hange but Inter-	23-No Signal or Improper Signal 24-Disregarded Railroad Signal	11-Guardrail	
01-None		change Related 29-Other (Interchang	e)	25-Disregarded Warning Signal	12-Light Pole 13-Sign Post	
02-Brakes		00-Unknown		26-Reckless Driving	14-Tree or Shrubbery	
03-Steering 04-Blowout		Locality		27-Improper Backing	15-Utility Pole	
05-Smooth Tires		•	(Central)	28-Illegal or Improper Parking 29-Failure to have Control	16-Other Pole or Support 17-Mailbox	1
06-Other Tire Defe	ct	1-Business District 2-Manufacturing Dis		30-Head Lights Not On	17-Mailbox 18-Impact Attenuator	I
07-Wipers		3-Residential Distric	ct	31-Inattentive or Distracted	19-Other	1
08-Trailer Hitch 09-Exhaust		4-Business District	(Outlying)	32-Driver Confused	00-Unknown]
10-Headlights		5-School/Playgroun		33-Vision Obscured 34-Oversized Vehicle	Location of Fixed Object Struck if	"]
11-Tail Lights		6-Recreational Area 7-Open Country (Ru		35-Overloaded with Passengers/	Applicable	
12-Turn Signal		8-Other		Cargo	1-On Roadway	
13-Suspension 14-Other	İ	9-Parking Lot/Privat	e Prop.	36-Inexperienced Driver	2-Shoulder	1
15-Glass		0-Unknown		38-Other 00-Unknown	3-Median 4-Roadside/Ditch	
00-Unknown				Jo-Oranio III	5-Outside of Right-of-Way	İ
			l		0-Unknown	
			•		•	

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Miles	ost	σου	NTY	ON Road				Speed Limi	t C	ΙΤΥ		Pi	solos	Ely		Local	Case M	mber		Page /	of
Distar	ice	FVMi	Dir.	FROM	AT Road			Speed Limi	it In	vestigating	Dept.	lm	vestig	eting (FFIC	ER/BAD	GE Nun	ber	Re	vleued	Dý.
COLL	SION	DIAG	EAM (Show Unit Mo	vements, Roads			Å		escribe prodestrians					end di	rection o	fvehick	s and	DATE	of ACC	HOENT
	: ; :		 				· · · ·		\vdash	-									TIME	Occurre	d DAY
	: : :		• • • •																TIME	Notified	DAY
	• • •	••••	• • • •	· • • • • • • • • • • • • • • • • • • •			· · · ·		F										TIME	Arrived	DAY
Objec	t dan	neged :	and n	ature of damag	e (Show location	n in diag	gram)		Na	rne and A	ddr ess o	f object	owne	ĸ				•	J		
ONR	sad		C	nii Sec. Sec	Milepost	AT Ro	ad	Į.	istar	1Ce		Unit	Di		.ettuc	la e		Lor	glude		دا
Coun	<u>y</u> (aly co	4	Agency Cod	e Distance	<u> </u>		Reference R	l oad			ance	1			. nce Ros	1 d2	- Co	1 5er :	func.	Chass
Unit		Drive	r	Ped NA	N . AE (Last, First ar	nd Initial	M D	Phone 🔲 W	oux [65 0.666 6 000	Color	YEA	R M	M AKE	M	ODEL &	BODY	STYLE			MC CCs
Drive	/Ped	ADDR	E33 (Number, Stree	t, City, State, Zij	Code)					STATE	LICE	NSE	PLATI	E#	YEAR	Rem	oved B _i	<i>r</i> :		
DRIV St.		LICEN No.	SE S	TATE and NUI	MBER	C	DL?	DATE OF B	IRTI	SEX	VEHIC	LE IDEI	NTIFK	CATIO	N NU	MBER	<u> </u>		Od	ometer	
Regis			R FU	LL NAME ("S	ame" if Driver)	L		 Phone Wo	ork [] Home	TOTAL in this v		ints	F	re?	insuran	e Com	certy			
OWN	ER Ad	dress	("Sam	e" if Driver)			**				Special		100		ction	,	olicy Ni	mber			
Specia	_	dition: Drive			01 Hit & Run [IE (Last, First an			ntact ☐ 03 Phone ☐ Wo			4 Legally	/ parked	_] 05 P AKE		oursuit ODEL &	☐ 06		es 🛭		ed away
				_	t, City, State, Zip		\perp	Ц и	"* L	1	STATE			PLATE		YEAR		oved By	•		mc ccs
				ATE and NUM		·	DL?	DATE OF B	RTH	ISEX	VEHICL								-	meter	
St.	[]	No.		L NAME ("Sa				Phone Wo			TOTAL	i i			<u> </u>	Insuran	<u> </u>			A11000	
ľ				e" if Driver)				. ne.e 🗀			in this ve	hicle		Direc			olicy Nu				
				•	01 Hit & Run	7 02 No	on-Cor	ntact 🗔 03	Stok	m □ (of Tr	avel				<u></u> П	07 Tow	ed away
TRAF UNIT		7	Last N		First Name		nitial	ADDRESS								SEX	1	S.E.	EJECT TRAP		EMS UNIT
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	AL DATA (State Use Only)		-							OR UNKNO		A 11 41 51
Pd	Violation Charged	Citation No.	Dr/Pd #	Violation Cl	harged		Citation No.	Dr/Pd #	Violation	Charged		Citation No
ICE	R'S OPINIONS OF APPAREI	NT CONTRIBU	TING C	RCUMSTAN	ICES (F	actor Type-	Unit Number/S	Specific	Factor) En	ter in order a	li codes t	hat apply.
\bot												
- 1	LIGHT	TRAFI O/A (On/At		NTROLS			ACCIDENT O	CLASS	- I .		JSION V R MOTO	
	01 Daylight		resent			00 Other	r non-collision			01 Head		N V 6.11.
	02 Dawn 03 Dusk			ion-functional)	ュ	01 Over	turned			02 Rear		
	04 Dark: street lights on	V V 00	None			COLLISION 02 Pede				03 Angle		
	05 Dark: no street lights	01	Officer,	flagger			r motor vehicle	•*		04 Sides		
- 1	WEATHER		Traffic :		2		ed motor vehic	ie		06 Backe	d into	
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	No adverse conditions		Stop sig Flasher			05 Railw 06 Peda				88 Other		
	Rain 08 Freezing rain		Yield si		'	07 Anim	al(specify)		_	** FIXE	D OBJE	CT TYPE
	Sleet 14 Rain & fog Snow 16 Rain & wind			es or signal ssing signs	•	08 Fixed			01	LI Bridge structi	ıre	
	Fog 24 Sleet & fog			sing zone		09 Other			02	Bridge rail		
05 3	Smoke 36 Snow & winds			edge lines	5	, A	CCIDENT LO	CATION		Crash cushio		
	Strong winds Blowing dust, sand, etc.		Other_		Ь	ON ROADV	WAY:			Divider, medi Overhead sig		
	Other		DAD CH	ARACTER		11 Non-in			06	Utility pole, d	evices	
	SURFACE TYPE	ON 01 S	traight a	and level		12 Interse	ection-related			Other post or		
\neg	01 Concrete			on grade		14 Parkin	g lot or drivew	ay acce	ee ' '	Building Guardrail	16 Mail 17 Ditc	
╝	02 Blacktop			at hillcrest and level		15 Interch 16 On cro	nange area			Sign post		oankment
	03 Gravel	AT 05 C	urved o	n grade		OFF ROAD				Culvert	19 Wal 20 Tree	
\Box	04 Dirt 05 Brick		urved a Other	t hillcrest			side (including	shoulde		Curb Fence		crossing
	88 Other	 	ther			22 Media	n g lot, rest area	trafficu	_{mv} 14	Hydrant	fixt	ures
	SURFACE CONDITION	ON CON	ST /MA	INT. ZONE		88 Other			15	Barricade	88 Oth	er
	01 Dry					R	OAD SPECIAL	. FEAT	JRES	Enter any	visible id	entifier;
	02 Wet 03 Snow or slush		lone ap	ply ction zone		Id-	entify up to thr	ree			refer by	
_	04 Ice or snowpacked			ance zone			None			d crossing	Code	Ident:
	05 Mud, dirt or sand		Itility zo				∣ Bridge 2 Bridge overt		5 Intercha 6 Ramp	inge		
	06 Debris (Oil, etc.) 88 Other						Railroad brid		8 Other			
П	VEHICLE MANEUVER	DAMAGE LO	ATION	AREAVehi	icle 1		HICLE BODY	TYPE				Bus Capaci
\dashv	BEFORE CRASH						Automobile Motorcycle			gle truck over ck and trailer(1
Ш	01 Straight/following road			6 ; 7 ; 8	3	O3	Motorscooter	or Mope	ed 12 Tra	ctor-trailer(s)	(3)	
	02 Left turn 03 Right turn	R 2 17		m i		04	Van Pickup truck		13 Cro	ss country bu	s	2
	04 U turn	N IL	<u> </u>	1	0		Single truck 4	l-tires		ool bus nsit bus		L
	05 Overtaking (passing)	T 16 1	5 14	13 12 11		07	Camper or R	V	25 Trai	in		
	06 Changing lanes 07 Avoiding maneuver	۱ ـ					Farm equipm All terrain veh		, 88 Oth	ner		
	08 Merging	☐ Top [_] Wind: ☐ Over	shid 🗍 Wind turn	dows			<u></u>		PEDEST	DIANI AC	TION
	09 Parking	- '	_				DESTRIAN L		"	01 Enterir		
	10 Backing 11 Stopped awaiting turn	Trailer?	Preser	nt Dama	iged	² , IN	N INTERSECT	ION:	12	02 Walkin		
	12 Stopped in traffic	DAMAGE LO	CATION	AREAVeh	nicle 2		walk or bikew			03 Approa است workin	aching, le g on veh	
	13 Illegally parked 14 Disabled in roadway	_	_				rosswalk or bi section without			04 Workin	ng (not or	vehicle)
	15 Slowing or stopping	F 3 :	- ^ ===	, 8 , 7 , 8			section without bikeway	CO55-		05 Playing 06 Approa		
	88 Other	O 2 17	/ //:		-		TERSECTION			07 In park		
\neg	VEHICLE DAMAGE	N I	لا		2.		able crosswalk		way	88 Other		
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	01 Damage (minor) 02 Functional	│ _{□ ™} ∶	☐ Wind	shid 🔲 Win	dows	bikeway		mile as	1 2	00 No ped 01 Obeye		
	03 Disabling		Over			13 in area v	without crossv	VAIR OF	-	- 02 Disobe	yed ped	signal
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0	2 Invalid license 02	Did not comply			MP	Medication	Present	1		— В.А.С.		2
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INVESTIGATIVE - FATALITY REPORT

COUNTY	ON Road		ату	DATE of Accide	nt	Fatal, nam acciden	ative & diagram t (required by S ve Report	n on fatal State)	Page /	of
STATE USE	ONLY		INVESTIGATIVE DEF	PT. TIME Occurred	Day	Invest, OFFICE		Local Cas	e Number	
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ME EMS I	NOTIFIED	EXTRICATION WAS	FATALIT	VEHICLE 1			VEHICLE 2			
		REQUIRED FOR TH	E SPECIAL	DAMAGE	ONT		DAMAGE	FRONT		
		FOLLOWING PERSO	SNS	· · · · · · · · · · · · · · · · · · ·	2	. 1	11	12	1	
ME EMS	ARRIVED		00 Not Special 01 National Park Service	1		λ .		1 /	Χ.	
	į		02 Military 03 Indian Reservation	"\" \	<u> </u>	7.	19/	\ /	$\left(\right)^{2}$	
ME EMS 4	ARRIVED		04 College/University Carno	ous g		s			<u> </u>	
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			99 Unknown	' \ /		>/ •	• \	/ \ `	ا	
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IMPACT F	POINTS: S	how initial impact point	by arrow and label "I". oint by arrow and label "P".	Undercarriage	-\-\ 	Estimated Speed,MPH	7 Undercarri No Damag		¯6 □ Estime	ted

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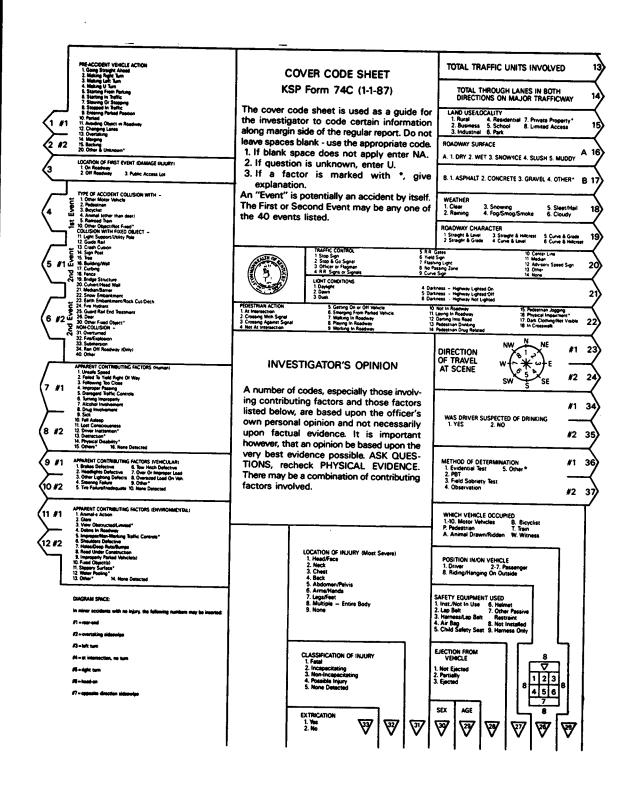
1 TRAFFIC RECORDS COPY (WITHIN TEN DAYS)

TRUCK - BUS SUPPLEMENT

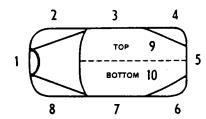
Supplement required for accidents involving trucks with at least 2 axles and 6 tires, OR buses with a seat capacity of 15 or more, OR any vehicle transporting hazardous material.

COUNTY	ON Road	C	ÎTY	DAT	E of Accident	TIME O	curred	Day	Traffic Unit No.	Page of
STATE USE	ONLY		Investigating Dept.		Investigating	Officer/Bad	ige No	<u> </u>	Local Case N	lumber
			conguing copi				.g			
CARRIER	IAME (CORPORATI	E BUSINESS NAM	ΛE)				KAN	ISAS PE	RMITS (Issuer an	d Permit Number)
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ŀ	CHINENT PERMITS	· •		01 Side 02 Ship	of vehicle (03 Driver 04 Logbook	´ 3			
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8-4	~	MAX. LENGTH 59		Max. Longin 59	6	IMax.	LDNOTH 597-67-		LENGTH 28'-	5° LEMETH 28'-6'
VE	HICLE CONFIGURA	ATION	ON ROA	D LANE 1	YPE	т.		ACC	ESS CONTROL	
03 Sing 04 Truc 05 Truc	(capac ple-unit truck (2-axle, ple-unit truck (3 or ma k and trailer k tractor (bobtail) k tractor and semi-ti	ore axles)	0 Undivided 1 One-way roadway 2 Divided roadway 3 Divided roadway	y, median	strip with barri		,	01 Full c 88 Other	ontrol (unlimited a ontrol (entry/exit	only by ramp)
08 Truc	k tractor and double k tractor and triple tr vy truck, cannot clas	railer	02 Explo	away or to	•	- -	,	00 Ra 11 Jac 12 Ov	n off road okknife	,
01 (CAB TYPE or single truck or trace cab behind engine cab over engine	tor)	07 Heavy	ral freight machine ehold good	(packages) y, objects Is	-		15 Exp 16 Fire 17 Sep 18 Tra	rgo loss or shift plosion e paration of units liler swing ION WITH:	
01 02 1 03 03 04 6 05 6 06 0 07 7	CARGO BODY TYPE Van or enclosed box Hopper Fank Flatbed Dump Concrete mixer Auto transporter Sarbage or refuse	ŀ	10 Logs, 11 Metal 12 Mobile 13 Motor 14 Refrig 15 Solids	poles, lum (coils, she home vehicles erated foo (bulk) sand, gra products	ets, etc.) ds vel, salt	_		21 Per 22 Mo 23 Par 24 Tra 25 Per 26 Ani 27 Fix 28 Ott	destrian tor vehicle in tran rked motor vehicl iin dalcycle	
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	WIDTH (inches)	LENGTH (feet)			<u> </u>		-	11742		DE LOS DE LA COMPANSION
Trailer 1 Trailer 2			Total Length (feet)	No. of Axles	No. of Trailers	Gross Vehicle Weight		/aterial ID No.	Weight (pounds)	Spill or release?
Trailer 3			(icel)				+			
	l	!	USE CODE	= "99" I	FOR LINK	NOWN				<u> </u>
Rev. 1-95					J., O.1111				0.0	T FORM NO. 852

		TING CIRCUMSTAN R OF SIGNIFICANO						
D (n) DRIVER (1, 2, etc.)		V (n) VEHICLE (1, 2, et	cc.)					
01 Under influence of drugs 02 Under influence of alcohol 03 Failed to yield right of way 04 Disregarded traffic signs, signals or road m 05 Exceeded posted speed limit 06 Too fast for conditions 07 Made improper turn 08 Wrong side or wrong way 09 Followed too closely 10 Improper lane change 11 Improper passing	arkings	06 Wheel(s) 07 Trailer coupling 08 Cargo 09 Unattended (in motic 10 Unattended (not in mattended)						
13 Improper or no signal 14 Improper parking 15 Fell asleep 16 Failed to give full time and attention 17 Did not comply with license restrictions 18 Distraction in or on vehicle 19 Avoidance or evasive action 20 Impeding traffic or too slow for traffic 21 Ill or medical condition		O/A (On/At) R (Road) 01 Wet 02 lcy or slushy 03 Debris or obstruction 04 Ruts, holes, bumps 05 Road under construction 06 Traffic control device 07 Shoulders: low, soft,	ction or maintenance e inoperative					
P (n) - PEDESTRIAN/CYCLIST (1, 2, etc.) 01 Under influence of drugs 02 Under influence of alcohol 03 Failed to yield right of way 04 Disregarded traffic control 05 Illegally in roadway 06 Pedalcycle violation 07 Clothing not visible 08 Inattention		- 01 Fog, smoke, or smog 02 Sleet, hail, or freezing rain 03 Blowing sand, soil, or dirt 04 Strong winds 05 Rain or snow 06 Animal 07 Vision obstruction building, vehicles, or other objects made by humans 08 Vision obstruction vegetation 09 Vision obstruction glare from sun or headlights						
Contributing Circumstances Example	OFFICER	OR 02	Interpretation: <u>Dr 1</u> : Made improper turn (07) <u>On R</u> d: Icy or slushy (02)					
SEAT CODES FOR VEHICLE OCCUPANTS	CODES FOR	TRAIN OCCUPANTS	SAFETY EQUIPMENT USE					
SEAT (Location) 01 DRIVER (or motorcycle operator) 02 Center front 03 Right front 04 Left rear (or motorcycle passenger) 05 Center rear 06 Right rear 07 Other seat position IN vehicle (or 2nd motorcycle passenger) 08 Any position ON or OUTSIDE of vehicle including in truck bed	whether i 32 Train pas injured) PEDESTRIA 21 Pedestria 22 Pedalcycl 23 Rider of a 24 In animal-	ist	N None used S Shoulder and Lap X Shoulder only L Lapbelt only P Passive system (airbag) C Child/youth restraint, used properly Y Child/youth restraint, not used properly H Motorcycle or pedalcycle helmet E Motorcycle eye protection B Both MC helmet and eye protection used U Unknown					
09 Unknown location IN or ON vehicle 11 Extra person in driver's seat or on driver's lap 12 - 17 Extra person in seat or on seated passenger		not in TRANSPORT pperator or passenger	INJURY SEVERITY N Not injured or not known P Possible injury I Injury, not incapacitating					
EJECTED/TRAPPED N-No E-Ejected T-Trappe U-Unknown	ed SE	X M-Male F-Female U-Unknown	D Disabled, incapacitating F Fatal injury					



IMPACT CODE



Identify the area of damage by the position of the FIRST IMPACT ONLY for each vehicle.

In chain reaction accidents, the vehicle in the center shall show resulting damage to both front (1) and rear (5).

CODE OF INJURY

- FATAL INJURY Any injury which results in death.
- INCAPACITATING INJURY Any minor injury other than fatal which prevents normal activities and generally requires hospitalization.
- NON-INCAPACITATING INJURY Any injury not incapacitating but evident to others at the scene.
- POSSIBLE INJURY No visible injury but complaint of pain or momentary unconsciousness.
- 5. NO INJURY No indication of injury. (Refer to training manual for injury details)

SPECIAL ATTENTION

- 1. Review your report for completeness.
- 2. Make sure your Agency ID number is included.
- List any citations and/or arrests, and make sure "Kentucky Revised Statutes" number is appropriate for the offense charged.
- 4. Make sure your citation or case number is included
- Anywhere there is an asterisk (*) used or no code for any other pertinent data describe in opinion space.

NEW TO ACCIDENT REPORT:

One Way Y/N
Ramp Y/N From _____ To ____
License Restriction Compliance Y/N
Vehicle Model

Fire Y/N Overturn Y/N

Estimated Travel Speed Between _____ mph and ____ mph

Subcompact, Compact, Full Size, Intermediate

Hazardous Cargo Y/N

Cargo Code Type Cargo

Number of Trailers

Truck Length _____ ft. ____ in Truck Width _____ ft. ____ in.

Single Unit, Combination

Number of Axels

Damage to Truck

EMS Notification Time

EMS Arrival Time

EMS Time Arrived at Hospital

Type Chemical Test - Breath, Blood, Urine

Tested for: Drug, Alcohol

NEW TO COVER CODE SHEET:

Block 3 - Code 3

Block 4, 5, & 6 - Code 25

Block 15 - Code 8

Block 20 - Code 14

Block 22 - Code 12 - 18

New Blocks:

33 - Extrication 1-Yes

2-No

34 & 35 - Was Driver Suspected of Drinking

1-Yes

2-No

36 & 37 - Method of Determination

- 1. Evidence Test
- 2. PBT
- 3. Field Sobriety Test
- 4. Observation
- 5. Other

NEW TO SUPPLEMENT:

Local Code

Additional Passenger/Witness Lines

B A A Berry A Total S Fire Center S Rear Center S Rear Right N Under-N N N Under-N N Under-N N Under-N N Under-N N Under-N N Under-N N N N N N N N N N N N N N N N N N N	AF RACE EV. SED	LEAGED IN INC.	3-19
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Parish where City, Town Coursed City, Town Description City, Town Description Descri	AF RACE EV. SED	LEASED AGE	782001
Scrident occurred on	AF RACE EV. SED	LEASED AGE	2001
Accident Occurred on fearer of Ex. Parlah Rd., or hery. No (i.i. or bease) bilinguest	AF RACE EV. SED	LEASED AGE	2001
A T At its intersection with Name of himselfing St., Faulus Rd., RRI No., or Harry, No. ALL or Bears Clernity Quadrant Net as New SW Clernity Quadrant Net as New SW Clernity Quadrant Net as New SW Clernity Quadrant Net as New SW Clernity Quadrant Net as New SW Clernity Quadrant Net as New SW Clernity Quadrant Net as New SW Clernity Quadrant Net as New Sw Clernity Net Net Net Net as New Sw Clernity Net Net Net Net Net Net Net Net Net Net	AF RACE EV. SED	LEASED STATE OF THE STATE OF TH	5-9
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VOLVED Disabled No Plate	AF, RACK, SEV. SEV. SEV. SEV. SEV. SEV. SEV. SEV.	AGE	
CLES BH- VOLVED Description	AF, RACK, SEV. SEV. SEV. SEV. SEV. SEV. SEV. SEV.	AGE	
Description Policy Number Expiration Date Points of Impact	AF, RACK, SEV. SEV. SEV. SEV. SEV. SEV. SEV. SEV.	AGE	
Insurance Co. Name (NOT Agency Name) Policy Number Expiration Date Points of Impact	AF, RACK, SEV. SEV. SEV. SEV. SEV. SEV. SEV. SEV.	AGE	
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Louisiana

STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC ACCIDENT REPORT SUPPLEMENTAL REPORT State Police | Sheriff | Investigating Agency | City Police | Other | DAY OF | DAY OF | WEEK | HOUR

		investigating A	·Beuch —		U Other		1
ΠME	DATE OF ACCIDENT		19	DAY OF WEEK	#	IOUR	DO NOT WRITE IN THIS SLOCK
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7	Accident occured				City, Town		\dashv
6	Accident occurred on	Married St., Park	th Rd., or Horp. No. (U.S.				
N						ADDECOSO 570 40555	
ESC.	AIBE ANY UNUSUAL CIN	ACUMSTANCES ASSOCIA	ATED WITH	THE ACCIDENT,	, WITNESSES NAMES,	ADDRESSES, ETC. (REFER	R TO EACH VEHICLE BY NO.
							
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Louisiana

STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC ACCIDENT REPORT SUPPLEMENTAL REPORT

STATE	COMMITTER	MIMBER

		332				
		Investigating Agency	☐ State Police ☐ City Police	☐ Sheriff ☐ Other		Investigative Agency Number
	DATE OF ACCIDENT	19	DAY OF WEEK		HOUR	DO NOT WRITE IN THIS BLOCK
	Parish where Accident occured Accident occurred on			City, Town		
N		Hanno of Da., Parrick Rd., or Hurp. (No. (V.A. or Olate)		Migral	

DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH THE ACCIDENT, WITNESSES NAMES, ADDRESSES, ETC. (REFER TO EACH VEHICLE BY NO.)

INVESTIGATING OFFICER'S SIGNATURE

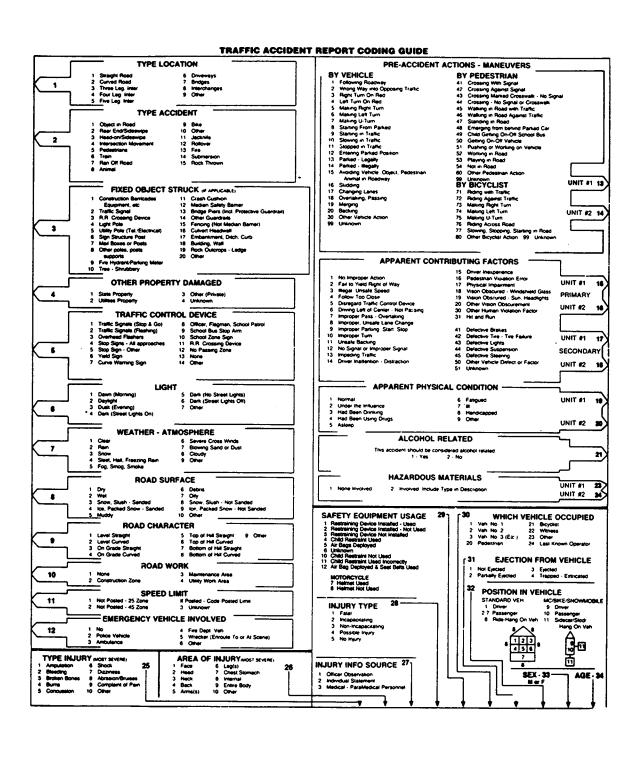
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LOUISIANA DEPARTMENT OF PUBLIC SAFETY - OFFICE OF STATE POLICE

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INVESTIGATING OFFICER (SIGNATUR	NE) OFF	ICER NUMBER TROOP O	R DEPARTMENT	APPRO	VED BY:	<u> </u>	1	DATE
2:204		I		}			- 1	



Vehicle Classification

Vehicle <u>Type</u>	Axle Configuration	Description							
10	~ •	Truck Tractor (Bobtail)							
20	6 0	2-Axle Single Unit (6 Tires)							
81	6 0	2-Axle Bus							
30	0 00	3-Axle Single Unit							
82	0 00	3-Axle Bus							
40	0 000	4-Axle Single Unit							
21	6 0 - 0	3-Axle Semi							
22	6 0 00	4-Axle Semi							
31	0 00 0	4-Axle Semi							
32	0 00 00	5-Axle Semi							
33	0 00 000	6-Axle Semi							
42	6 000 00	6-Axle Semi							
25	60 000	5-Axle Twin Trailer							
35	0 00 0 0	6-Axle Twin Trailer							
36	6 00 00 0	7-Axle Twin Trailer							
37	6 00 0 0	5-Axle Semi; Split Trailer Tandem							
38	6 00 0 0 0	6-Axle Semi; Split Trailer Tandem With Center Axle							
39	6 00 0 00	6-Axle Semi; Standard Trailer Tandem With Center Axle							
50		All Other Trucks							

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MSP FORM #1 (1/93)

MSP - CENTRAL RECORDS DIVISION COPY

Original size document - 8-1/2 X 11

Ø INJURED TAKEN TO:

VICTIM, COMPLAINANT, MISSING PERSON OR ARRESTEE (LAST, FIRST, MIDDLE)					
NCIDENT, OFFENSE OR CHARGE ON ORIGINAL REPORT	CORRECT INCIDE	NT OR OFFENSE CLAS	S CHANGE	D? MULTI	PLE CLEAR-UP
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Crime Prevention Action 46. Previous	Crime		47 5	unnlace and all	
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Open Suspended Unfounded Closed Supervisor Status 52 Recommended To Continue	53. Revi	ewing Supervisor			54. Date
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Crime Analysis:	COLLARTER'SC	DPY			·
SP FORM NO. 92 REV. 3-83	- age at refl 44	•			

UNIVERSAL ACCIDENT CODES: 00 Not Applicable 88 Other 99 or UU Unknown 16 ROAD CHARACTER 39 FIXED OBJECT STRUCK 01 Bridge-Overpass 02 Building 57 Getting On/Off Vehicle 58 Push/Work on Vehicle 59 Other Working 01 Straight & Level 02 Straight & Grade 03 Straight & Hillcrest 03 Straight & Findle: 04 Curve & Level 05 Curve & Grade 06 Curve & Hillcrest 07 On Bridge 03 Culvert-Ditch 04 Curb Hitchhiking 61 Approach/Leave School Bus Guardrail-Barrier 51 CONDITION 06 Embankment 01 Apparently Normal 02 Had Been Drinking 07 Fence 08 Light Support Pole IN LANE: Sign Support Pole Other Pole Tree-Shrubbery 03 Using Drugs 04 Physical Defects Direction (Pos. 1) 10 N North 05 Other Handicaps 06 III East Construction Barrier South West Fatigued 13 Crash Attenuator 08 Apparently Asleep P Parking Number (Pos. 2) # (Lane #: 0 thru 9) 40 COLLISION TYPE (Veh-to-Veh) **52 SUBSTANCE DETECTED** 01 No Substance Detected 11 Alcohol Present R Right Turn Left Turn 12 Illegal Drug Present 13 Medication Present 14 Combined Subst. Present Acceleration Deceleration Shoulder Alcohol Contributed X O G Crossover Off Road Illegal Drug Contributed Medication Contributed 22 - 09 Gore Combination Contributed Median 17 - SINGLE VEH (Parking) Lot 53 TEST ADMINISTERED 05 Test (s) Refused Positive Prelim. Test 24 ROAD CONDITION 01 No Defects 02 Shoulder Defect 03 Holes, Ruts, Etc. 04 Foreign Material 05 Loose Surface Material 03 Evidence Test Given 41 LIGHT 01 Daylight **56 PED TYPE** 02 Dawn or Dusk 03 Dark: Street Lights On 04 Dark: No Street Lights 01 Pedestrian 02 Bicyclist Obstruction Not Lighted Obstruct. Not Signaled View Obstructed Other Pedalcyclist 04 Rider of animal 05 In animal-drawn vehicle **42 WEATHER** 01 Clear or Cloudy 02 Foggy Machine operator/rider 30 ROAD DIVISION Other Conveyance 01 Not Divided 03 Raining 02 One Way Road or Street 03 Divided: Median strip without Barrier **57 PED LOCATION** Snow or Sleet 01 Shoulder 02 Curb 05 Severe winds 04 Divided: Median strip 03 Sidewalk 45 SEX Sidewalk Outside Right of Way On Roadway at Crosswalk On Roadway Not at Crswlk In School Bus Zone with Barrier 01 Male 02 Female 34 SURFACE CONDITION 06 07 01 Wet 02 Dry 48 INJURY 08 In Bikeway 01 Not injured/not known 03 Snow 02 Possible injury 04 Ice 58 PED OBEDIENCE 05 Mud 03 Inj.-not incapacitated 01 No pedestrian signal 02 Obeyed pedestrian signal Disabled (Incapacitated) 05 Fatal 36 JUNCTION RELATIONSHIP 03 Disobeyed ped. signal 04 Ped. signal malfunction Non-intersection **50 MOVEMENT** 02 Intersection Vehicle Movement Moving Constant Speed 03 Intersection Related PED VISIBILITY 04 Driveway Access 01 02 Light Clothing Dark Clothing Mixed Clothing 02 Accelerating 03 Slowing or Stopping 04 Starting from Traffic Lane 37 HARMFUL EVENT-1 38 HARMFUL EVENT-2 04 Reflective Material Head Light Starting from Parked Pos. Collision With: 01 Other Motor Vehicle in Transport 06 Stopped in Traffic Lane Rear Light Reflector 07 Head Light & Rear Reflect Changing Lanes Passing 80 Parking Parked 61 DR SAFETY EQUIP USE Parked Motor Vehicle 09 Pedestrian 10 None 01 None 11 Lap Belt Only 12 Shoulder Belt Only 13 Shoulder/Lap Belt (s) 14 Child/Youth Restraint 21 MC/Bike Helmet 22 MC/Bike Eye Shield Only 23 MC/Bike Helment & Shield 31 Air Bag (Only) 32 Air Bag & Belt (s) Backing Bicycle Making Left Turn Making Right Turn Making Right Turn on Red Making U Turn Other Pedalcycle Other Conveyance Railway Train 05 12 06 08 Animal Fixed Object Other Object 09 Skidding **Driverless Moving Vehicle**

13 Belt (s) Misused 31 Air Bag Failed to Deploy

62 DR EQUIPMENT PROBLEM
01 No Misuse/Problem (Use OK)
11 Belt (s)/Anchor (s) Broke

PED Movement

Non-collision: Overturn

Spilled Cargo

Separation of Units

15 Other Non-Collision

Jackknife

13

Cross/Enter at Intersection Cross/Ent Not at Intsect

(continued→)

52 Cross/Ent Not at Intsect
53 Walking/Riding w/Traffic
54 Walk/Ride Against Traffic
55 Playing
56 Standing (continued→

63 DR EJECTION

- 01 Not ejected; not trapped 02 Fully Ejected
- 03 Partially Ejected
- 04 Trapped

66/70 (DIRECTION) GOING/CONTINU

- 01 North
- 02 South
- 03 East 04 West

75 (VEH) BODY TYPE

- 01 Motorcycle
- 02 Automobile
- 03 Station Wagon
- 04 Limousine
- Single Truck 2 axles Single Truck 3 axles Truck Tractor 05
- 06
- 07
- Recreational Vehicle
- Farm Vehicle 09
- 10 Transit Bus
- Cross Country Bus School Bus 11
- 12
- Ambulance/Emergency
- Ambulance/Non-Emergency
- Fire Vehicle/Emergency

- 17
- Fire Vehicle/Non-Emerg Police Veh/Emergency Police Veh/Non-Emerg 18
- Moped
- 20 Pickup Truck
- 21 Van

78 COMM BODY TYPE

- 01 Bus
- 02 Van/Encl. Box
- 03 Truck-Tractor
- 04 Cargo Tank
- 05 Flatbed
- 06 Dump
- 07 Concrete Mixer
- 08 Auto Transporter
- 09 Garbage/Refuse

80 (VEH) MOST HARMFUL EVENT

Collision With:

- Other Motor Vehicle in Transport
- 02 Parked Motor Vehicle
- 03 Pedestrian
- 04 Bicycle
- Other Pedalcycle 05
- Other Conveyance
- 07 Railway Train
- 08 Animal Fixed Object 09
- 10 Other Object

Non-collision:

- Overturn
- 12 Spilled Cargo
- 13 Jackknife
- Separation of Units
- 15 Other Non-collision

82-1/2/3/4 CONTRIB CIRCUMSTANCE

- Driver/Ped/Cyclist
- Under influence of drugs Under influence: alcohol Under infl. of medication
- Under combined influence
- Physical/ment. difficulty
- Fell asleep, fainted, etc.
- Failed to give full time and attention
- 08 Did not comply with
- license restrictions
- Fail: yield right of way
- Fail to obey stop sign
- 13
- Fail: obey traffic signal Fail: obey oth traf contr Fail: keep right of center
- 15
- Fail: stop for school bus
- 17 Wrong way on one way road
- 18 Exceeded speed limit
- Too fast for conditions Followed too closely 21
- 22
- Improper turn
- Improper lane change 25
- Improper backing 26
- Improper passing
- 27 Improper signal28 Improper parking
- Interference/Obstruction by passenger
- Ped/Cyclist ONLY
- Illegally in roadway Bicycle violation Clothing not visible
- Environment
- Smog, smoke 42 Sleet, hail, freez. rain
- 43 Blowing sand, soil, dirt
- Severe crosswinds 44
- 45 Rain, snow
- Animal
- Vision obstruction (incl. blinded by sun or lights)
- Vehicle
- Brakes
- Tires 53 Steering
- 54
- Lights Windows/windshield 55
- 56
- Wheel (s)
 Trailer coupling
- 58 Cargo
- Road 61 Wet
- 62 Icy or slushy
- 63 Debris or obstruction
- Ruts, holes, bumps 64
- Road under const/maint.
- Traffic control device inoperative
- Shoulders low, soft, high

84 (VEH) TOWED VEHICLES

- 01 1 Semi Trailer
- 02 1 Semi + 1 Full Trailer
- 03 1 Full Trailer
- 04 2 Full Trailers
- 05 3 Trailers
- 06 Automobile
- **Utility Trailer** 08 Boat Trailer
- 09 Camper
- Travel/Home Trailer
- 10 Mobile Home
- 12 Farm Equipment

87/88 FIRST/MAIN IMPACT PTS 90 (VEH) AREAS DAMAGED



- 18 Roof/Top
- 19 Trunk
- 20 Windshield
- 21 Windows Underside
- 23 Overturn (overall)

94 (VEH) DAMAGE EXTENT

- 01 No Damage
 - 02 Superficial or Minor
 - 03 Functional
 - 04 Disabling
 - 05 Destroyed

98 SEAT POSITION

- 01 Driver/MCycle Operator
- 02 Center Front Seat
- 03 Right Front Seat
- 04 Left Rear/MC Passenger
- 05 Center Rear Seat 06 Right Rear Seat
- 07 Other Seat IN Vehicle

08 In Cargo Area

09 OUTSIDE Vehicle

100 SEX

01 Male 02 Female

- 102 SAFETY EQUIPMENT USE
 - 01 None
 - 11 Lap Belt Only Shoulder Belt Only
 - 13 Shoulder/Lap Belt (s)
 - 14 Child/Youth Restraint
 - 21 MC/Bike Helmet
 - 22 MC/Bike Eye Shield Only 23 MC/Bike Helmet & Shield
 - 31 Air Bag (Only)
 - 32 Air Bag & Belt (s)

- 103 EQUIPMENT PROBLEM Adult/Youth Restraint No Misuse/Problem (Use OK)

 - Belt (s)/Anchor (s) Broke
 - 13 Belt (s) Misused 31 Air Bag Failed to Deploy
 - Child Restraint
 42 Facing Wrong Way
 43 Not Anchored Right

 - 44 Anchor Not Secure
 - 45 Not Strapped Right 46 Strap/Tether Loose

47 Size/Type Improper

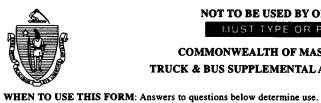
- **104 PASS INJURY SEVERITY** 01 Not injured/not known
 - 02 Possible injury 03 Inj.—not incapacitated
 - 04 Disabled (Incapacitated)

05 Fatal

- 105 EJECTION
 - 01 Not ejected; not trapped 02 Fully Ejected

1	SEND ONE COPY REGISTRAR OF MOTOR			BE USED BY C		REGISTS	IY USE ONLY
	100 NASHUA STF BOSTON, MASS. (REET (02114	COMMONWEA	LTH OF MAS		TTS	
	NAME OF POLICE DEPT. SUBMI	ITTING REPORT		OR VEHICLE A			
1	Date of Accident D			Did you notice any ind that an operator had by any medication or dru	lication leen taking YES	ii ii Vaa Char	rvestigated by an Officer? ix One Box Below 4
	Mo Day Yr S M	lay of the Week	A.M. 1 P.M. 2	To your knowledge hat had a history of epilep heart disease, fainting	sy. 📜 , 🗀	S NO 3 Other	6 Police Other
	Name of Operator				Number of Vehicles Involved.	Date of Birth MO DAY YR.	Sex 2
Y E H	Street Address	City/Town	Ste	nte I	Zip	Driver's License Numb	er and State
Ę	Owners Name and Address (if same, w	rite "same")				Registration Number	and State
Ē	Name of Insurance Company only may	be written here		Year	Make	Туре	Approximate Cost to Repair
	Describe Damage to Vehicle:					YES Fire Damage NO	YES Parked Car NO
П	Name of Operator	Pho	one Zip			Date of Birth	1 Sex 2
¥ E H	Street Address	City/Town	-	State	_	MO. DAY YR. Driver's License Num	
Ė	Owners Name and Address (if same, w	rite "same")	***************************************	Phone	Zip	Registration Number	or and State
E 2	Name of Insurance Company only may	be written here		Year	Make	Туре	Approximate Cost to Repair S
	Describe Damage to Vehicle:				·	YES Fire Damage NO 2	YES Parked Car NO
P	Describe Other Property Damage						Approximate Cost to Repair S
H E R	Name of Property Owner		Addre	55		1 State 2	MDC 3 Municipal
¥	Other Witnesses or Persons Pri	esent		Address		Phor Bus	•
¥-i-Zmoome						Res	
Š	Number Injured To what ho	epital was injured taken?	7			Res. Taken by Ambulance? Y	ES NO
H	Name of Injured			Street	Cit	1 [2 State
270		SEVERITY	RESTRAINT	SYSTEMS	PERSON II	NJURED	
RE	!	Gilled Serious Visible Injury	Yes No	Safety Belt Used		erator In Vehicle ssenger No	6 Pedestrian
	YES NO A	finor Visible Injury to Visible Injury but	3	Child Restraint Use Helmet Used	° -	ssenger In Train, Bus, Etc.	7 Bicyclist 8 Maped
Ц	1 2 10	Complaints of Pain		Air Bag Used	5 Pa	ssenger	9 Other
i,	Name of Injured		II.	Street		ity/Town	State
BBCL		SEVERITY Citled	RESTRAINT Yes No		! ⊢ `	erator } In Vehicle	6 Pedestrian
Ē	Ejected from Vehicle 3 N	lerious Visible Injury Rinor Visible Injury	2	Child Restraint Use	d 3 Pa	ssenger J Nossenger In Train, Bus, Etc	7 Bicyclist
2	YES NO 4 N	lo Visible Injury but complaints of Pain		Helmet Used Air Bag Used		erator ssenger	8 Moped 9 Other
	Name of Injured			Street	C	ity/Town	State
- Z 7 3		SEVERITY illed	RESTRAINT Yes No	7	PERSON IF	NJURED In Vehicle	
R	2 _\$	erious Visible Injury linor Visible Injury	2	Safety Belt Used Child Restraint Use	₄ ∥ 	isenger No isenger In Train, Bus, Etc	6 Pedestnan Bicyclist
D 3	YES NO 4 N	o Visible Injury but complaints of Pain	3 4	Helmet Used Air Bag Used	4 0	erator Senger On Motorcycle	8 Moped 9 Other
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City or	Town W	Where Accident Occurre	d			Negros	i Mile i	Marker	Number of Lan	**	I	At Rotary					curred on Ramp
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NOT TO BE USED BY OPERATOR MUST TYPE OR PRINT

COMMONWEALTH OF MASSACHUSETTS TRUCK & BUS SUPPLEMENTAL ACCIDENT REPORT

SEND BOTH SUPPLEMENTAL COPIES
ALONG WITH POLICE REPORT TO.
REGISTRAR OF MOTOR VEHICLES
100 NASHUA STREET
BOSTON, MASS. 02114

Did this accident involve: 1. a truck with at least 2 axles and six tires, or haz mat placard? Yes No 2. a bus with seats for more than 15 people, including driver? Yes No 5. TOP. if response to both questions is "No" do not fill out this form. 1. if response is "Yes" to 1 or 2, proceed to question 3. 2. Did this accident result in: 3. person(s) fatally injured? Yes No How Many 4. injured person(s) taken away for medical attention? Yes No How Many 5. vehicle(s) towed from scene? Yes No How Many 5. vehicle(s) towed from scene? Yes No How Many 6. if response to 3, 4, and 5, is "No" do not complete this form. 1. if response is "Yes" to 3, 4, or 5 please complete this form.											
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Accident Location (Number/Name of Highw				/Street)	City/Tov	מא.	Cor	State		
	's Name (Last,		Date	e of Bi	rth	DD/YY)	I	License Numb		State	
Truck; 3 or(8) Tracto Total Lengt Cargo Bod(5) Dump	more axles or/triple(9)	(4) Truck/ Heavy true r width Bus, seats te mixer	trailer(5) 1 ck, cannot clas _ 96 in 10 15 or more inc(7) Auto trai	Truck to saify 2 in. [luding insporte	Other driver er(8)	obtail)(6 in. Traile _(2) Van/enc Garbage/refu	Tractor	-/semi-trailer 	(7) Tracto	8 ft. Other ft.	
Number of		1	Vehicle			VIN #			hicle Registra	tion #	
	ng Trailers)		ating	_							
State	Haz Mat Plac	' 1			of Cargo?	(Y/N)	T				
	(Y/N)	,	(Don't coun		•						
Haz Mat 4-1	Digit Number		Haz Mat 1	-Digit	Number		Feder	raily Reporta			
			_				(Y/N)				
CDL Class/Endorsement Commercial Vehic			ehicle l	- ·			er Type (Chec	ype (Check one)Owner-Oper.			
	. /	_ -	Years _	Mo	nths		_Le	ased Oper.	_Empl. Drive	er	
Down-hil Collision	f Events (for the land of the	argo loss o in transpor	or shiftExpl tCollision/	losion (train _	or fire _ _Collisio	Separation on n/parked mo	of units	Collision/p	oedestrian		

^{**} IN ADDITION YOU MUST CONTINUE TO SUBMIT POLICE ACCIDENT REPORT FORM E-65 TO THE REGISTRY OF MOTOR VEHICLES**

GENERAL INSTRUCTION

WHAT TO FILL OUT: Complete all questions on form for any accident that qualifies as being reportable under the conditions indicated under the heading WHEN TO USE FORM:

- -Single truck or bus accidents Complete all questions.
- -Multiple truck or bus accidents This report should be filed for each Motor Carrier.

DATA ELEMENT INSTRUCTIONS

ACCIDENT INFORMATION

US DOT: Enter 6-digit number.

State Number: Enter DPU or State issued Carrier Identification Number.

Issuing State of State #: Enter issuing State abbreviation.

Police Dept. ID: Enter the report, accident, document, complaint or other number that identifies the regular police accident

report that collects other information on this accident.

Interstate - (Y/N): Commerce, traffic or trade across a state line.

ICC MC #: Enter 5 or 6-digit number.

Carrier Name: Enter the name of the motor carrier company from the first available source(vehicle side, driver or shipping

papers) and check the appropriate source on the form.

Carrier's Address: Enter carrier's principal place of business (Street Address, City/Town, State and Zip Code).

Accident Date: Enter month, day and year.

Accident Time: Enter hours and minutes (24 hour time)

Accident Location: Enter Number/Name of Highway/Street, City/Town, County and State where accident occurred.

Driver's Identification: Enter Truck or Bus driver's name, Date of Birth, License Number and State of issue.

<u>Vehicle Configuration</u>: Enter number which best describes vehicle; enter Total Length of vehicle, Trailer width and Trailer

Length or Other.

Cargo Body Type: Enter number which best describes vehicle.

Number of Axles: Enter the total number of axles on the truck or bus. Include the axles on truck semi-trailers, trailers and

converter dollies.

Gross Vehicle Weight Rating: Enter rating in lbs. as listed on manufacturer's ID plate.

Vin #: Enter Vehicle Identification Number assigned by manufacturer.

<u>Vehicle Registration #</u>: Enter registration number, plate type and State of issue.

Haz Mat Placard?: Enter Y(Yes) or N(No) see Title 49 CFR part 172.500.

Haz Mat Release of Cargo?: Enter Y(Yes) or N(No) (Don't count fuel from fuel tank).

Haz Mat Name: Enter name (if applicable) as found in center of placard.

Haz Mat 4-Digit Number: (If applicable) enter the 4-digit number or the name from either the middle of the diamond placard or the rectangular box placard.

Haz Mat 1-Digit Number: Enter number from bottom of diamond.

Federally Reportable?: Enter Y(Yes) or N(No) as defined in Title 49 CFR part 394.7.

CDL Class/Endorsement: Applicable to Commercial Driver's License.

Commercial Vehicle Driving Experience: Enter years and months.

Driver Type: Check one.

Sequence of Events: Enter 1, 2, 3 or 4 in front of items that best describe the sequence of events for this truck or bus only.

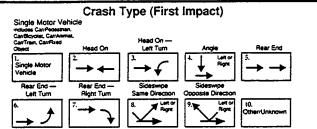
Signature	: :				
	Name and Rank	Badge #	Police Dept.	Date	
* Be sure	to sign both copies.				

Authority: 1949 PA 300, Sec. 257.622 Compliance: Required Penalty: \$100 and/or 90 days	Do Not Use		Form Of_	UD-10 (1/
ON: MI-		HIGAN	File Class	
Crash Date Crash Time	Traffic Crash Repo	rt	1	
Month Day Year Milliary		-	Complaint Disposition Open Oct	
9999 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	No. of Units Crash Type	Weather (Mark Only One) 1. Clear 2. Cloudy 3. Fog/Smoke 4. Rain 5. Snow/ Blowing Snow 6. Severe Wind	(Mark Only One) 1. Daylight 2. Dawn	Fatal (Report All) Corrected Copy Replace (Entire Report) Delete (Entire Report) Non-Traffic Area
	0 8 0 9.Sideswipe-Opposite 0 1. Local 0 9 0 10.Other/Unknown 0 2. State		6. Other/Unknown	
County Chyrlwp Traffic Control	Construction Zone (if applicable) (Mark One From Each Group) Type Lane Closed 1. Const./Maint. 1. Yes 2. Off Ro. 2. Utility 2. No 3. None	Relation to Roadway	Area Road Condition (Mark Only One) ① ① ① 1. Dry ① ① 2. Wet ② ② ② 3. lcy ③ ① 4. Snowy ④ 5. Muddy ⑤ ⑤ 6. Slushy ⑤ 7. Debris ⑦ 0. 8. Other/ ⑨ Unknown ⑨	Total Speed Lanes Limit
O P HBD O Field O E (train) O Yes O No O PBT	Phone Number Phone Number State Zip Breath Urine Blood Befused Not Offered Not Offered Not Offered	K Trapped O A B Airbeg Deploy O C O 1. Yes O O 3. Not Equit	Yes Citation Issue Yes 1. Hazardo 2. Other	
Mahidis Registration State	Towed To/By	Vehicle Direction	ser, make, color) Special Vehicles	0ccup (0) (0) (1) (1) (2) (2)
Location of Greatest Damage	0 11 12		4 5 6 7 8 9 Private Trailer Type 1 2 3 4 5 6 Sex O M Eject	6
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First Name Middle Street Address	Leef	Date of Sirth Month Day Year	Sex O M Eject O F Treps Injury O K O	lot Equipped od O Yes ped O Yes B O O
City	State Zip	os. Rest. Ambulance/Hospit		C Deployed es 2. No
Witness Owner Name	Address			lot Equipped Age Pos.
Uninjured Passenger Witness Owner Name	Address		Phone Number	Age Pos.
Uniniured Passenger Person Advised Date Time No of Damaged Traffic Control	Darriaged Property	Public Owne (Y) (R)	or & Phone	
	ite or Mark In This Area	UD-10 Form Number	Form Override Num	her .
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Unit State Driver	License Number		# # }	Mo		Day	rth Year		cense	ďΥ	Sex O M	Hazaro Action	
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First Second Third go Body Type ① ② ① ① ①	nvestigated Reported Dat			t Write or									

IMPORTANT: Stray marks or marks outside boxes will cause UD-10 to be rejected. Avoid stray marks!

STATEOF MICHIGAN **Traffic Crash Report**



Special Vehicles

- Police
- Fire
- Ambulance
- Farm equipment

Construction/ maintenance equip

Vehicle Defects

- **Brakes**
- Lights/reflectors
- Steering
- Tires/wheels
- Windows

Other enclosed passenger

Riding invon trailing unit

Riding on vehicle exterior

Motorcycles, snowmobiles, etc.

(In-line seating)

Other unenclosed passenger

Other

Sleeper section

area/cargo area

area/cargo area

Unknown

Vehicle Use

- Private
- Commercial
- In pursuit/on emergency
- School/education
- Club/church (all Y-plates)
- Military
- Other government 8
- Utility (gas. cable, etc.)
- Road construction/ 10 road maintenance
- Other

1 Utility

3 Boat trailer

Area

Freeway

- 01 Entrance/exit ramp related
- Median crossing related
- Transition area
- Rest area related
- Scale/weigh station related
- All other freeway areas

Intersection

- 07 Within intersection
- Driveway related (within 150 feet of intersection)
- Intersection related-other

Other Non-Freeway Areas

- 10 Straight roadway Not related to other selections
- Curved roadway Not related to other selections
- 12 Driveway related
- Parking related (legal roadside)
- Transition area 14
- 15 Median crossing related
- 16 Rail crossing related
- Rest area related 17
- Scale/weigh station related 18
- 19 Non-traffic area
- 20 Other
- Unknown

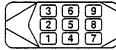
*Increase or decrease in the number of travel lanes.

Hazardous Action

- 00 None
- Speed too fast
- Speed too slow Failed to yield
- Disregard traffic control
- Drove wrong way
- Drove left of center
- Improper passing Improper lane use
- Improper turn
- 10 Improper/no signal Improper backing
- Unable to stop in
- assured clear distance 13 Other
- Unknown

Position

- Bicyclist
- Pedestrian Engineer (railroad/train)



Restraint Use

- No belts available
- Shoulder belt only used Lap belt only used
- Shoulder & lap belt used
- 05 No belt used 06
- Child restraint used Child restraint not used.
- not available or improper
- 08 Restraint failure
- 09 Restraint use unknown
- 10 Helmet worn
- Helmet use unknown

Code of Injury

K-Fatal Injury Any injury which results in death.

Incapacitating Injury Any injury other than fatal which prevents normal activities and generally requires hospitalization.

-Non-Incapacitating Injury Any injury not incapacitating but evident to others at the scene.

-Possible Injury No visible injury but complaint of pain or momentary unconsciousness.

-No Injury No indication of injury.

Unit Type

- MV Motor Vehicle
- Bicyclists (all pedalcyclists В
- Pedestrian
- Engineer (railroad/train)

Action Prior To Crash

Driver Action

Driver

7

Going straight ahead

Passenger one

Passenger two

- 02 Turning lett
- Turning right
- Stopped on roadway 05 Involved in prior crash
- at same location
- 06 Changing lanes **Backing**
- 08 Slowing/stopping on roadway
- Slowing/stopping other area
- Starting up on roadway
- Starting up other area
- 12 Entering parking Leaving parking
- 14 Entering roadway
- 15 Leaving roadway
- 16 Making U-turn 17
- Overtaking or passing
- Avoiding object 18
- 19 Avoiding pedestrian Avoiding vehicle (front/back)
- Avoiding vehicle (angle)
- 23 Parked

Pedestrian Action

- Crossing at intersection
- Crossing not at intersection
- Getting on/off vehicle
- In roadway with traffic
- In roadway against traffic
- 29 Standing/lying in roadway 30 Pushing/working on vehicle
- 31 Other working in roadway
- 32 Playing in roadway
- In roadway other reason 33 34 Not in roadway
- 35 Other

Sequence of Events/ Most Harmful Event

Private Trailer Type

2 Travel trailer 6 Recreational

4 Farm equip 7 Other

5 Towed auto

double

Non-Collision

- Loss of control
- Cross centerline/median Ran off roadway-left
- Ran off roadway-right Re-enter roadway
- Overturn
- Separation of units Fire/explosion 07
- 08
- 10 Jackknife
- Downhill runaway
- Cargo loss/shift Individual fell from vehicle
- Other noncollision

Had a Collision With

Non-Fixed Objects

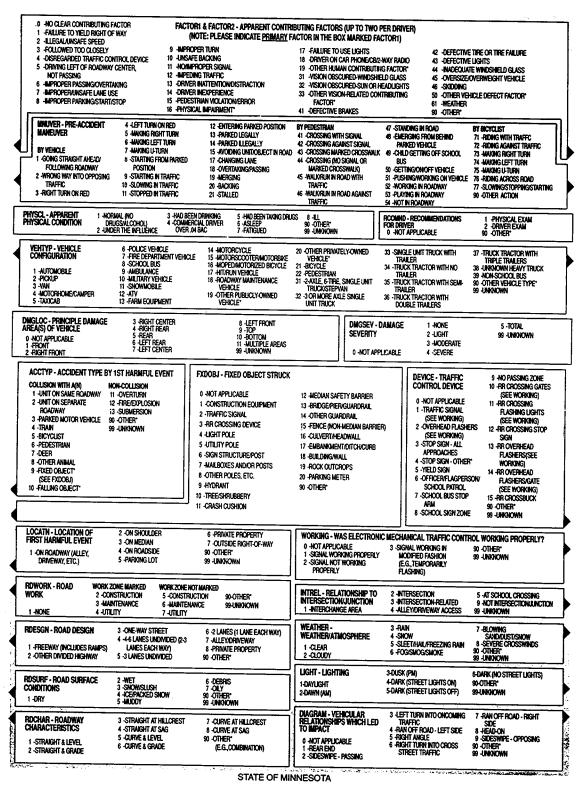
- Pedestrian 16 Bicyclist
- Motor vehicle in transport
- Parked motor vehicle
- Engineer (railroad/train)
- 20 Animal Other non-fixed object

21

- Fixed Objects
- 22 Bridge/pier/abutment
- Bridge parapet end Bridge rail
- Guardrail face
- Guardrail end Median barrier
- Highway traffic sign post
- Highway signal post
- 30 Luminaire/light support
- Utility pole Other pole
- Culvert
- Curb 35 Ditch
- Embankment
- Fence Mailbox
- 38 39 Tree
- Railroad crossing signal 40
- Building Traffic island
- Fire hydrant
- Impact attenuator Other fixed object

* In transport means a motor vehicle in moton or on a roadway.

IMPORTANT: Stray marks or marks outside boxes will cause UD-10 to be rejected. Avoid stray marks!



DEPARTMENT OF PUBLIC SAFETY

POLICE TRAFFIC ACCIDENT REPORT

PS-32003-06 (1-91)

BDYTYP - CARGO BODY TYPE 0 - NOT APPLICABLE 1 - VAN 2 - DRY BULK CARGO TANK 3 - LIQUID BULK CARGO TANK	4 - GAS BULK CARGO TANK 5 - FLATBED/PLATFORM 6 - DUMP 7 - CONCRETE MIXER 8 - AUTO TRANSPORTER 9 - GARBAGE/REFUSE	10 - BUS 11 - COMBINATION* 12 - SPECIAL PERMIT LOAD* 90 - OTHER* 99 - UNKNOWN
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TRAILER HITCH - TRAILER HITCH CONFIGURATIONS 0 - NOT APPLICABLE 1 - TRAILER WITH BALL HITCH 2 - TRAILER WITH FIFTH WHEEL	3 - A-TRAIN HITCH (WITH FIFTH WHEEL) 4 - B-TRAIN HITCH (WITH FIFTH WHEEL) 5 - C-TRAIN HITCH (WITH FIFTH WHEEL)	6 - PINTLE HITCH 90 - OTHER* (INCLUDING COMBINATIONS) 99 - UNKNOWN	
0 - NOT APPLICABLE 1 - Trailer with Ball Hitch 2 - Trailer with Fifth	FIFTH WHEEL) 4 - B-Train Hitch (with Fifth Wheel) 5 - C-Train Hitch (with	90 - OTHER* (INCLUDING COMBINATIONS)	

SEQUENCE OF EVENIS - PLEASE INDICATE UP TO FOUR CODES THAT REPRESENT THE SEQUENCE OF ACCIDENT-RELATED EVENTS.								
COLLISION WITH UNIT ON SAME FOADWAY COLLISION WITH UNIT ON SEPARATE FOADWAY COLLISION WITH PARKED MOTOR VEHICLE COLLISION WITH TRAIN COLLISION WITH PEDESTRIAN COLLISION WITH PEDESTRIAN COLLISION WITH DEER	8 -COLLISION WITH OTHER ANIMAL 9 -COLLISION WITH FIXED OBJECT 10 -COLLISION WITH FALLING OBJECT 11 -OVERTURN 12 -FIREEXPLOSION 13 -SUBMERCISION 14 -JACKKINFE 15 -CARGO SHIFT	16 -LOSS OR SPILLAGE OF NON-HAZARDOUS MATERIAL 17 -LOSS OR SPILLAGE OF HAZARDOUS MATERIAL 18 -RAN OFF THE ROAD 19 -SEPARATION OF UNITS 20 -DOWNHUL RUNAWAY 21 -UNDERRIDE - REAR 22 -UNDERRIDE - SIDE 90 -OTHER!						

GVWR - GROSS VEHICLE WEIGHT RATING	3 - 12,000 TO 25,999 POUNDS 4 - 26,000 TO 56,999 POUNDS	8 - GREATER THAN 120,000 POUNDS	M. C. SOURCE - SOURCE OF IDENTIFICATION	1 - CAB CARD 2 - SHIPPING PAPERS 3 - SIDE OF VEHICLE	4 - DRIVER 90 - OTHER*
0 - NOT APPLICABLE 1 - LESS THAN 10,000 POUNDS 2 - 10,000 TO 11,999 POUNDS	5 - 57,000 TO 80,000 POUNDS 6 - 80,001 TO 105,000 POUNDS 7 - 105,001 TO 120,000 POUNDS	99 - UNKNOWN	DIRECT - PRE-ACCIDENT DIRECTION 1 -NORTH	2 -NORTHEAST 3 -EAST 4 -SOUTHEAST 5 -SOUTH	6 -SOUTHWEST 7 -WEST 8 -NORTHWEST 99 -UNKNOWN

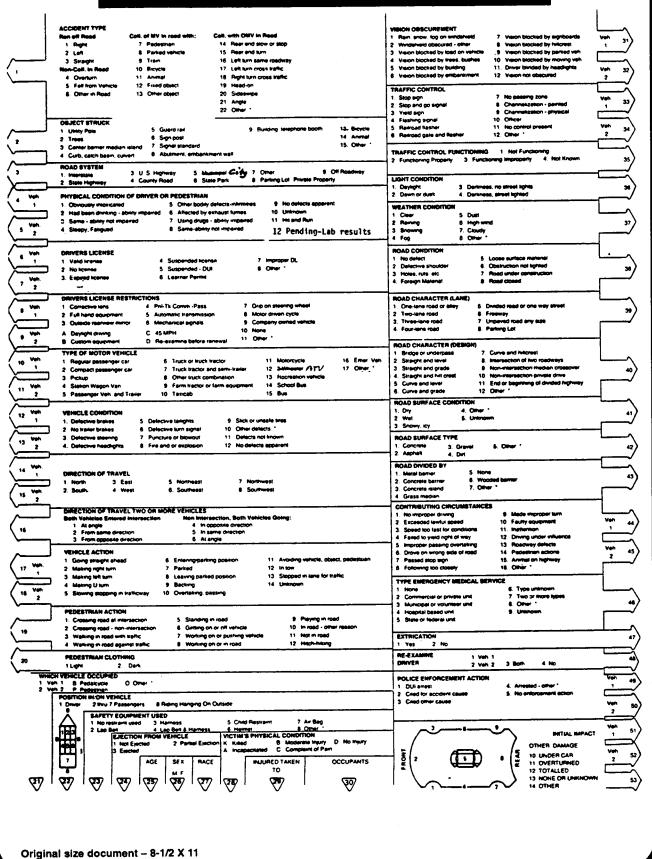
RSTRNT - RESTRAINT DEVICE 1 - SEAT BELT NOT INSTALLED, USED 2 - SEAT BELT INSTALLED, NOT USED 3 - SEAT BELT INSTALLED, USED 3 - SEAT BELT INSTALLED, USED 4 - PASSIVE BELT INSTALLED, NOT USED 5 - PASSIVE BELT INSTALLED, USED 6 - PASSIVE BELT INSTALLED, 10 - CHILD RESTRAINT INSTALLED, 10 - CHILD RESTRAINT INSTALLED, 90 - OTHER* NOT USED 9 - UNKNOWN 12 - CHILD RESTRAINT INSTALLED, 90 - OTHER* 13 - SEAT BELT INSTALLED, USED USED USED USED USED USED USED				
MPROPERLY USED 8 - AMBAG DEPLOYED, SCATBELT 13 - CHILD RESTRAINT MPROPERLY USED MPROPERLY USED	1 -SEAT BELT NOT INSTALLED 2 -SEAT BELT INSTALLED, NOT USED 3 -SEAT BELT INSTALLED, USED 4 -SEAT BELT INSTALLED.	USED 6 -PASSIVE BELT INSTALLED, CIRCUMVENTED 7 -AIRBAG DEPLOYED, SEATBELT USED 8 -AIRBAG DEPLOYED, SEATBELT	INSTALLED 10 - CHILD RESTRAINT INSTALLED, NOT USED 12 - CHILD RESTRAINT INSTALLED, USED 13 - CHILD RESTRAINT	15 -HELMET USED 90 -OTHER*

_	
POSITN	OCCUPANT SEAT POSITION
1 -FRO	NT LEFT
2 ·FRO	NT CENTER
	NT RIGHT
	OND SEAT LEFT
	OND SEAT CENTER
	OND SEAT RIGHT
	D SEAT LEFT
	D SEAT CENTER
	D SEAT RIGHT
	SIDE OF VEHICLE
	ORCYCLE/SNOWMOBILE/BICYCLE DRIVER
12 MOT	ORCYCLE/SNOWIMOBILE/BICYCLE PASSENGER ON UNIT
90 -OTH	DRCYCLE/SNOWMOBILE/BICYCLE PASSENGER ON TRAILER/SIDECAP
99 -UNKI	
22 -OIM	IOM

JECT - EJECTION	INJCOD - INJURY CODE
0 -NOT APPLICABLE 1 -TRAPPED, EXTRICATED 2 -PARTIALLY E.JECTED 3 -EJECTED 4 -NOT EJECTED 9 -UNKNOWN	K -KILLED A -INCAPACITATING INJUE B -NON-INCAPACITATING INJURY C -POSSIBLE INJURY N -NO APPARENT INJURY X -UNKNOWN

PAGE OF	MISSISSIPPI UNIFORM	
54 CASE NUMBER (DPS USE ONLY)		CODE 57 STATION-PRECINCT-DISTRICT
59 DATE OF COLLISION 60 MONTH DAY YEAR S M	DAY OF COLLISION 61 TIME 62 NO. OF VEHICLES	63 NUMBER KILLED 64 NUMBER (USE 2400 HRS) 66 COUNTY
68 HIGHWAY, ST	REET OR ROAD, ETC. 69	ARRIVED NEAREST INT., CO. LINE, ETC.
ON:	AT	INTER WITH NON INTER NON INTER WITH NON INTER WITH NON INTER NON INTER NON INTER NON INTER NON INTER NON INTER NON INTER NON INTER NON INTER NON INTER NON INTER NON INTER NON INTER NON INTER NO. INTERNO. INTER NO. INTER NO. INTERNO.
	PEDESTRIAN PEDALCYCLIST FIRST NAME MI	100 V 2 PARKED VEH. PEDESTRIAN PEDALCYCLIST
3 73 NUMBER AND STREET		102 NUMBER AND STREET
4 74 CITY	STATE	103 CITY STATE
75 DRIVER'S LICENSE NUMBER	76 77 DOB 78 79 STATE RACE SEX	104 DRIVER'S LICENSE NUMBER 105 106 DOB 107 106 STATE RACE SEX -
80 SOCIAL SECURITY NO.		109 SOCIAL SECURITY NO.
81 INSURANCE CO.		SAME AS D.L. #
7 82 PLACE OF EMPLOYMENT		OR AGENT ORIVER STATEMENT 111 PLACE OF EMPLOYMENT
SAME	RST MI	112 OWNERS LAST NAME FIRST MI
AS DRIVER 84 NUMBER AND STREET		ORIVER 113 NUMBER AND STREET
85 CITY	STATE 86 VEH. COLOR	114 CITY STATE 115 VEH. COLOR
87 MAKE OF VEHICLE	88 YEAR 89 LICENSE PLATE NO. 90 ST. YR.	116 MAKE OF VEHICLE 117 YEAR 118 LICENSE PLATE NO. 119 ST. YR 44
91 VEHICLE REMOVED TO 92 VEHICLE REMOVED BY	93 AUTH 1. OWNER 2. DRIVER	120 VEHICLE REMOVED TO 122 AUTH 1. OWNER
12 94 EST. PROP. DAMAGE DNONE DLIGHT DHEAVY	95 SPD. ZONED 96 V1 SPD. 97 V2 SPD.	121 VEHICLE REMOVED BY 2. DRIVER 3. POLICE 4.
99 ACCIDENT DESCRIPTION	98 ALCOHOL DATA	126 DIAGRAM P25 ALCOHOL DATA
14	DRIVER NO. 1 Test Given Test Type Test Results YES BREATH	DRIVER NO. 2 Test Gnen Test Type Yest Results YES BREATH
15	NO BLOOD JUVENILE	NO BLOOD JUVENILE
	REPUSED URINE	REFUSED URINE
16		
17		
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19		
		47
20		49
		- 1
NAME NAME	ADDRESS ADDRESS	ACE SEX RACE 50
TIMM .		AGE SEX RACE
128 INVESTIGATED AT SCENE NO YES	S 129 PHOTOS TAKEN? NO YES	EY WHOM? CHARGE NAME OF COURT
131 OFFICER'S SIGNATURE		132 BADGE NUMBER 133 REVIEWED BY (BADGE NUMBER) 134 STATUS
21 22 23 24 25	5 26 27 28 29	30 NAMES - ADDRESSES OF ALL OCCUPANTS & PEDESTRIANS
> 1		CRAIN CAT FOLISTING
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- ORIG. AGENCY		
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MISSISSIPPI UNIFORM ACCIDENT REPORT



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B. Partied MV 18. TWO VEHICLE COLLISION (To be completed only if A 19. St. Heart On	actesy	CONDITION 1. Day(ph) 2. Dark With Street Lights On Street Lights Off 4. Dark No Street Lights Off 3. Day with With Street Lights Off 4. Dark No Street Lights Off 4. Dark No Street Lights Off 4. Dark No Street Lights Off 4. Show G. Sieet G. Freezing T. Fog or Mist Street Lights Off 4. Show G. Sieet G. Freezing T. Fog or Mist Street Lights Off 4. Show G. Sieet G. Freezing T. Fog or Mist Street Lights Off Dark No Street Lights Off	TYPE 1 1. Straight 1. Straight 2. Asphalt 3. Brick 3. Snow 2. Curve 2. Curve 2. Curve 2. Curve 2. Curve 3. Snow 3. Snow 4. Straight 2. Curve 2. ROAD TYPE 2 1. Level 2. Hill / Grd 3. Crest 2. Hill / Grd 3. Crest 3. Cres
A V2 ICC NO. or USDOT NO.		Carrier Name and Address in Section 4 or 5.	FED. REF # ST. CEN. #
26C. VEHICLE CONFIGURATION 1 V2 0 1. Bus T 2. Single-unit Truck: 2 axle, 6 tires 0 3. Single-unit Truck: 3 or more axles R 3. Single-unit Truck Pulling Trailer 5. Truck Tractor With No Units 8. Truck Tractor With Two Units 9. Unknown Heavy Truck 1 9. Unknown Heavy Truck 1 10. Other	26D. CARGO BODY TYPE V1 V2 1. Bus 2. Van / Enclosed Box 3. Cargo Tank 4. Flatbed 5. Dump 6. Concrete Mixer 7. Auto Transporter 8. Garbage / Refuse 9. Other	1234 1234 F. 1234 1234 G.	I, 2, 3, 4 in order of occurrence) Ran Off Road Jacklorite Overturn Downhill Runaway Cargo Loss or Shift Explosion or Fire Separation of Unit
L 28F. HAZARDOUS MATERIAL PLACARD NUMBER / NAME INDICATOR NA S V1 4-Digit Placard Number / Name from Diamond / Box V2 4-Digit Placard Number / Name from Diamond / Box V1 Number From Bottom of Diamond V2 Number From Bottom of Diamond Of Diamond V2 Number From Bottom of Diamond	28G. GROSS VEHICLE WEIGHT RATING V1 lbs. V2 lbs.	1 2 3 4	Collision Involving Parked Motor Vehicle Collision Involving Train Collision Involving Pedalcycle Collision Involving Animal Collision Involving Fixed Object Collision Involving Other Object

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STATE OF MONTANA ACCIDENT YEAR AGENCY RADGE			ACCIDENT INVESTIGATOR'S REPORT
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OFFICER'S SIGNATURE BA	DGE NO. DEPT.	DATE DATE NOTIFIED T	TIME DATE ARRIVED TIME
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STATE OF MONTANA — ACCIDENT INVESTIGATION CODES

ACCIDENT NUMBER YEAR AGENCY CODE BADGE NUMBER MONTH SEQUENCE NUMBER TYPE OF COLLISION ROAD CONDITION VEHICLE INTENT VEHICLE INTENT 01) GO STRAIGHT AMEAD (2) OVERTAKE (3) MAKE RIGHT TURN (4) MAKE BIGHT TURN (5) MAKE U TURN (6) SLOW OR STOP (7) START IN TRAFFIC LANE (8) START FROM PARKED POSITION (9) BACK (10) BACK (11) REMAIN PARKED (12) LANE (12) LANE (13) PARKING MANEUVER 1) HEAD ON 2) REAR END 3) ANGLE 4) SIDESWIPE MEETING 5) SIDESWIPE PASSING 6) BACKED INTO 7) OTHER 6) PARKING MANEUVER 1) DRY 2) WET 3) SNOWY 4) ICY 5) SLUSHY 6) NATURAL DEBRIS ACCIDENT DATE LIGHT CONDITION 1) DAYLIGHT 2) DAWN OR DUSK 3) DARKNESS (LIGHTED) 4) DARKNESS (UNLIGHTED) DRIVER LICENSE STATUS ACCIDENT TIME (MILITARY 0001-2400) DIVITER LICENSE STATUS 0) NO DRIVERS LICENSE 1) VALID DRIVERS LICENSE 2) PROBATIONARY 3) EXPRED 4) PRIVACELE DOPONIED 6) SUSPENDED 7) LICENSE NOT VALID FOR VEHICLE TYPE 6) LEARNER'S PERMIT ONLY CITY NUMBER USE ONLY IF IN INCORPORATED LIMITS PEDESTRIAN INTENT 3) EXPIRED EXPIRED PRODUCTION WITHOUT STATE OF THE PRODUCTION OF IN CROSSWALK INTERSECTION OR IN CROSSWALK INTERSECTION OR IN CROSSWALK INTERSECTION OR IN CROSSWALK INTERSECTION OR IN CROSSWALK INTERSECTION OR IN CROSSWALK INTERSECTION OR IN CROSSWALK INTERSECTION OR IN CROSSWALK INTERSECTION OR IN CROSSWALK INTERSECTION OR IN CROSSWALK INTERSECTION OR IN CROSSWALK INTERSECTION OR IN CROSSWALK INTERSECTION OR IN CROSSWALK INTERSECTION OR IN CROSSWALK INTERSECTION OR IN CROSSWALK INTERSECTION OR IN CROSSWALK TRAFFIC CONTROLS TRAFFIC CONTROLS (9) NONE (9) NONE (1) TRAFFIC SIGNALS NOT WORKING (3) TRAFFIC SIGNALS WYPED HEADS (4) TRAFFIC SIGNALS WYPED HEADS (5) TRAFFIC SIGNALS WYPED HEADS (6) TRAFFIC SIGNALS WYPED HEADS (6) TRAFFIC SIGNALS WYPED HEADS (7) STOP SIGN (8) YIELD SIGNALS (9) TRAFFIC SIGNALS (1) TRAFFIC SIGNALS (1) TRAFFIC SIGNALS (1) TRAFFIC SIGNALS (1) TRAFFIC SIGNALS (1) TRAFFIC SIGNALS (1) TRAFFIC SIGNALS (1) TRAFFIC CONTROL DOWN/MISSING COUNTY NUMBER TWO DIGIT COUNTY NUMBER (01-56) ACCIDENT LOCATION (SEE MANUAL) FIRST HARMFUL EVENT 01) OVERTURN 02) OTHER NON COLLISION 03) COLLISION WITH PEDESTRIAN 04) COLL WITH MAY IN TRANSPORT 05) COLL WITH MAY IN THER ROADWAY 06) COLL WITH PARKED MAY 07) COLL WITH PARKED MAY 08) COLL WITH PARKED MAY 09) COLL WITH FINAN OLE 10) COLL WITH FINAN OLE 10) COLL WITH FINAN OBJECT 10) COLL WITH OTHER OBJECT 0) NOT OBSCURED 1) PRIVATE STRUCTURE (BUILDING, PRIVATE STRUCTURE (BUILDING, PRIVATE STRUCTURE) 2) TREES, OTHER VEGETATION 4) OTHER VEHICLE C 5) SNOWBANK 6) SIGN/SIGMPOST 0) HILL/CURVE 9) UNKNOWN VEHICLE BODY STYLE 01) PASSENGER CAR (CATEGORY UNKNOWN) (2) MISSUSVAN (3) MISSUSVAN (4) SCHOOL BUS (5) PICKUP (CATEGORY UNKNOWN) (6) THUCKTRUCK-TRACTOR (6) MOTOR CYCLE (7) AMBULANCE (10) AMBULANCE (11) CONSTRUCTION EQUIPMENT (12) SOCKET AND CAMPER (14) SNOWMOBILE (14) SNOWMOBILE (15) OTHER CONSTRUCTION FOUR MENT (17) SMALL PICKUP (18) SUBCOMPACT CAR (21) LARGE PASSENGER CAR (22) LARGE PASSENGER CAR (23) SMALL STATION WAGON (24) MID-SUZE STATION WAGON (25) MOPED VEHICLE BODY STYLE OTHER DAMAGE TYPE UTHER DAMAGE TYPE 1) SIGNAL, LIGHTING, POWER POLE 2) SIGN CONTROL CON FIRST OBJECT HIT OFF ROADWAY O1 END OF OVERPASS OR RIVER CONCESSION OF STRUCTURE O2 POWERPASS RAILING OR SIDE OF OVERPASS RAILING OR SIDE OF OVERPASS RAILING OR SIDE OF OVERPASS RAILING OR SIDE OF OVERPASS RAILING OR SIDE OF OVERPASS RAILING OR SIDE OF OVERPASS RAILING OR SIDE OF OVERPASS RAILING OR SIDE OF OVERPASS RAILING OR SIDE OF OVERPASS RAILING OR SIDE OF OVERPASS RAILING OR SIDE OF OVERPASS RAILING OR SIDE OF OVERPASS RAILING OR SIDE OF COMMENT OF SIDE OF OVERPASS RAILING OR SIDE OF COMMENT OF OVERPASS RAILING OR SIDE OF COMMENT OF OVERPASS RAILING OR SIDE OF COMMENT OF OVERPASS RAILING OR SIDE OF COMMENT OF OVERPASS RAILING OR SIDE OF OVERPASS RAILING OR S FIRST OBJECT HIT OFF ROADWAY T ROAD DEFECTS R 0) NO DEFECTS 1 HOLES 1 2) SHOULDER 1 3) LOOSE MATERIAL B 4) CONSTRUCTION 5) RUTTED/GROOVED U 6) BLEEDING PAVEMENT T WASHBOARD OTHER DAMAGE SEVERITY MECHANICAL DEFECTS MECHANICAL DEFECTS N 0) NO APPARENT DEFECTS 1) LIGHT/SIGNALS 3) WINDSHIELD/WINDOWS/WIPERS 4) THESE WHEELS 4) THESE WHEELS 5) PROVER TRAINFUEL SYSTEM 7) TRUCK COUPLING/TRAILER HITCH 8) SUSPENSION A) STEERING 1) UNDER \$100 2) \$100 TO \$250 3) OVER \$250 ı OTHER DAMAGE OWNERSHIP 1) FEDERAL 2) STATE 3) COUNTY 4) CITY 5) PRIVATE TRAILER STYLE O) NO TRAILER 1) CAMPING TRAILER 2) MOBILE HOME 3) UTILITY TRAILER (OVER 3000) 5) SEMI CARGO TRAILER 6) FULL CARGO TRAILER 7) POLE TRAILER 6) TWO TRAILER UNIT D BRIVER RELATED O (1) HAD BEEN BRINKING (2) ROCKLESS DRIVING (3) SPEED TOO FAST FOR CONDITIONS (4) FAILED TO VIELD RIGHT OF WAY (5) IMPROPER PASSING (6) FAIL TO SIGNAL (7) IMPROPER TURN (8) FAIL TO SIGNAL (9) FAIL TO DRIVING (10) FAIL TO DRIVING (11) IMPROPER TURN (12) IMPROPER TURN (13) FAIL TO DRIVING (14) FAIL TO DRIVE TO RIGHT OF ROADWAY (15) EXCEEDED POSTED SPEED (16) EXCEEDED POSTED SPEED (17) IMPROPER LANGE CHANGE (18) EXCEEDED POSTED SPEED (19) OTTHER POSTED SPEED (NUMERIC 00-55) ENGINEERING STUDY INJURY SEVERITY 0) NONE 1) STUDY REQUESTED 0) NO INJURY 1) FATAL 2) INCAPACITATING (CANNOT PERFORM NORMALLY) NON INCAPACITATING (EVIDENCE OF INJURY) 4) POSSIBLE INJURY (APPARENT SYMPTOMS) ACCIDENT AMALYSIS CODES (1 & II) 1) FAILED TO INAVE VEHICLE UNDER CONTROL SYSTEM OF TO INAVOLVED (2) INATTENTIVE DRIVING (SPEED NOT INVOLVED) 2) INATTENTIVE DRIVING (3) INEXPERIENCE (4) INATTENTIVE DRIVING (3) INEXPERIENCE (4) INATTENTIVE DRIVING (4) INAVOLVED (5) INAVOLVED (6) I ACCIDENT ANALYSIS CODES (I & II) ALCOHOL 0) NO DRINKING 1) DRINKING—ABILITY NOT IMPAIRED 2) DRINKING—ABILITY IMPAIRED—NO TEST 3) DRINKING—TEST REFUSED 4) DRINKING—BLOOD TEST 5) DRINKING—BLOOD TEST 5) DRINKING—BLOOD TEST 6) DRINKING—BLOOT TEST 6) DRINKING—OTHER TEST 0) NO DAMAGE 1) DISABLING DAMAGE 2) FUNCTIONAL DAMAGE 3) OTHER MOTOR VÉHICLE DAMAGE CLASS OF TRAFFIC WAY 1) INTERSTATE 3) U.S. ROUTE 4) SECONDARY ROUTE (MT. SECONDARY, FAU) 6) COUNTY OR RURAL ROUTE 7) LOCAL STREET 8) PRIVATE ROUTE PROTECTIVE RESTRAINT EQUIPMENT USED O NONE AVAILABLE VANABLE TO DETERMINE 1) SEAT BELTS USED 2) SEAT BELTS USED 3) AIR BAGS DEPLOYED 4) AIR BAGS DEPLOYED 5) PASSIVE BELTINT USED 7) CHILD RESTRAINT NOT USED 6) MOTORET WITH NOT USED 6) MOTORET WITH NOT USED 6) DEVICE DISABLED BIKEWAY 0) NO BICYCLE INVOLVED 1) BIKEWAY SEPARATED FROM ROADWAY 2) BIKEWAY ADJACENT TO ROADWAY 3) NO BIKEWAY OR BIKE ROUTE 4) BIKE ROUTE **GRADE AND HORIZONTAL ALIGNMENT** O) NOT EJECTED OR TRAPPED 1) EJECTED (DEGREE NOT SPECIFIED) 2) TOTAL EJECTION 3) PARTILL EJECTION 4) TRAPPED 5) NOT A MOTOR VEHICLE OCCUPANT 9) UNKNOWN 1) ROAD IS STRAIGHT: LEVEL 2) ROAD CURVES: LEVEL 3) ROAD IS STRAIGHT: GRADE 4) ROAD CURVES: GRADE ROADWAY RELATED LOCATION 1) ON ROADWAY 2) OFF ROADWAY INJURY SEVERITY 0) NO INJURY 1) FATAL 2) INCAPACITATING (CANNOT PERFORM NORMALLY) 3) NON INCAPACITATING (EVIDENCE OF INJURY) 4) POSSIBLE INJURY (APPARENT SYMPTOMS) RELATIONSHIP TO JUNCTION 0) NON JUNCTION 1) IN INTERSECTION 2) INTERSECTION RELATED 3) IN DRIVEWAY ACCESS WEATHER CONDITION 1) CLEAR 2) RAINING 3) SNOWING 4) FOG 5) OVERCAST/CLOUDY HQ-1600

01/82

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THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACC	IDENTS	5	
INDICATE BY DIAGRAM WHAT HAPPENED			
Indicate			
North by Arrow			
DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION		· · · · 	
	-		
OBJECT DAMAGED: NAME OF OWNER: ADDRESS:	PHONE:		. COST OF DAMAGE:
		\$	
OBJECT DAMAGED: NAME OF OWNER: ADDRESS: OBJECT DAMAGED: NAME OF OWNER: ADDRESS:	PHONE:	APPROX	. COST OF DAMAGE:
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88			
NAME: ADDRESS: ADDRESS: ADDRESS:		PHONE:	7
	∏ YES C	OFFICER NO.:	DATE OF
MADE AT SCENE? NO COMPLETE? NO FORM FURNISHED TO? 2 TAKEN? NO AN ENGINEERING STUDY	NO		REPORT
INVESTIGATOR'S PRINTED OR TYPED NAME: INVESTIGATOR'S SIGNATURE: DEPARTMENT:			
j l		TROOP:	MO. DAY YR.

STATE OF NEBRASKA INVESTIGATOR'S SUPPLEMENTAL TRUCK AND BUS ACCIDENT REPORT

AGENCY CASE NUMBER:	nicles involved	DATE OF ACCID			•		Sheet of
	ļ-	DATE OF ACCID				*	FOR STATE USE ONLY
ary:	L		OCCURRED ON HIGHWA	Y/ROAD/STREET:			
						Dis	st.
RIVER: (Print or type full name)			TRUCK	/BUS - 1			
				NUMBER OF AXLES (Including trailer)		VEHICLE WEIGHT RATING ad rating for vehicle and tra	
ARRIER NAME: (Print or type full name)				CARRIER NAME SO	URCE		TRICATION NUMBER
ARRIER ADDRESS: (Street or R.F.D.)		CITY, STATE, ZIP:		1 Vehicle Side 2 Shipping Paper	.	1 U.S. DOT	
				3 Driver or Logbo		3 ST No	
COMMERCE CLASSIFICATION (check one)	TRUCK V		SEQUENC	E OF EVENTS (Indicate	the order	r of events by Code N	lo. for this vehicle)
1 Interstate Commerce	1 96 inches	ock or trailer)	SEQUENCE CODE			CODE N	
Intrastate Commerce	2 102 inches		1st Event	1 Ran off road 2 Jackknife			ollision with parked vehicl ollision with train
Not Applicable	3 Cother (Spec	erry)	2nd Event	3 Overturn 4 Downhill run	away		ollision with pedalcycle ollision with animal
VEHICLE CONFIGURATION	CARGO B	ODY TYPE		5 Cargo loss o	r shift	14 C	ollision with fixed object
(check one)		k one)	3rd Event	6 Explosion or 7 Separation of			ollision with other object ther (Specify)
Bus	1 🗀 Bus 3 🗀 Van/E	nclosed Box	4th Event	8 Collision with 9 Collision with	pedestriar	n	,
2 Single-Unit Truck: 2 axles, 6 ti 3 Single-Unit Truck: 3 or more a	® 4. □ Carno	Tank					
Single-Unit Truck tractor (bobt	eii) 6 Dump				MATER	HAL INVOLVED	1
Tractor with Semi-Trailer	8 C Auto T	ransporter	Did vehicle have a HAZ MAT Placard?	Placard Information: 4-Digit I.D. or		1-Digit (from box	Was hazardous cargo released? (do not count
7 Tractor with Doubles B Tractor with Triples	9 Garba	ge/Refuse 'Specify)	1 Yes 2 1	(from box or die	mond)	or diamond)	fuel from fuel tank)
Unknown Heavy Truck				2.			1 Yes 2 No
			TRUCK	/BUS - 2			
RIVER: (Print or type full name)			-	NUMBER OF AXLES	GROSS V	EHICLE WEIGHT RATING	1
ARRIER NAME: (Print or type full name)				(Including trailer)		d rating for vehicle and trai	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1 Vehicle Side	URCE		IFICATION NUMBER
ARRIER ADDRESS: (Street or R.F.D.)		CITY, STATE, ZIP:		2 Shipping Paper	,	1 U.S. DOT	
				3 Driver or Logbo	- 1	3 ST No	
COMMERCE CLASSIFICATION (check one)	TRUCK W		SEQUENCI	OF EVENTS (Indicate	the order	of events by Code N	lo. for this vehicle)
I Interstate Commerce	1 96 inches	,	SEQUENCE CODE	NO. CODE NO. 1 Ran off road		CODE N	
Intrastate Commerce	2 102 inches 3 Other (Spec		1st Event	2 Jackknife		11 C	ollision with parked vehick ollision with train
Not Applicable	3 C Other (Spec	"",	2nd Event	3 Overturn 4 Downhill run:	wav		ollision with pedalcycle ollision with animal
VEHICLE CONFIGURATION	CARGO B	ODY TYPE		5 Cargo loss o	shift	14 Cc	ollision with fixed object
(check one)	(checi		3rd Event	7 Separation o	units	16 O	ollision with other object ther (Specify)
I Bus ☑ Single-Unit Truck: 2 axles, 6 tir	1 Bus 3 Van/Er	nclosed Box	4th Event	8 Collision with 9 Collision with			
Single-Unit Truck: 3 or more a	cles 5 Flatbed			<u> </u>		IAL INVOLVED	
I Cinala Hair Tarak Anadar Mark	iil) 6 🗀 Dump	te Mixer		Placard Information:	MAICH		T
		ansporter	Did vehicle have a HAZ MAT Placard?	4-Digit I.D. or I		1-Digit (from box	Was hazardous cargo released? (do not count
Truck with Trailer Tractor with Semi-Trailer				(from box or dis	mona;	or diamond)	fuel from fuel tank)
Truck with Trailer Tractor with Semi-Trailer Tractor with Doubles	9 Garbag 10 Other (Specify)	1 Yes 2 N	o 1			
Truck with Trailer Tractor with Semi-Trailer Tractor with Doubles Tractor with Triples	9 Garbag 10 Other /			2			1 Yes 2 No
5 Truck with Trailer 6 Tractor with Semi-Trailer 7 Tractor with Doubles 8 Tractor with Triples 9 Unknown Heavy Truck	9 Garbag 10 Other (PLES OF	VEHICLE CO	2NFIGURATION C			1 Yes 2 No
Truck with Trailer Tractor with Semi-Trailer Tractor with Doubles Tractor with Triples	9 Garbag 10 Other (VEHICLE CO	2			NIT TRUCK TRACTOR
Truck with Trailer Tractor with Semi-Trailer Tractor with Doubles Tractor with Triples Unknown Heavy Truck	9 Garbag 10 Other // EXAM 2 SIF	PLES OF	VEHICLE CO	2NFIGURATION C	ore axles)	4 SINGLE-U	
Truck with Trailer Tractor with Semi-Trailer Tractor with Doubles Tractor with Triples Unknown Heavy Truck BUS	SAM 2 SI	PLES OF	VEHICLE CC	2 NFIGURATION C. 3 SINGLE-UNIT (3 or m	ore axles)	4 SINGLE-U	NIT TRUCK TRACTOR
Truck with Trailer Tractor with Semi-Trailer Tractor with Doubles Tractor with Triples Unknown Heavy Truck	SAM 2 SI	PLES OF	VEHICLE CO	2NFIGURATION C	ore axles)	4 SINGLE-U	
5 Truck with Trailer 6 Tractor with Semi-Trailer 7 Tractor with Doubles 8 Tractor with Triples 9 Unknown Heavy Truck BUS	SAM 2 SI	PLES OF	VEHICLE CC	2 NFIGURATION C. 3 SINGLE-UNIT (3 or m	ore axles)	4 SINGLE-U	NIT TRUCK TRACTOR
TRUCK WITH TRAILER	SAM 2 SIP	PLES OF	VEHICLE CO Axio; 6 Tire) SEMI-TRAILER	2 INFIGURATION C. 3 SINGLE-UNIT (3 or m.) 7 TRACTOR WITH DO	UBLES	S TRACTOR	NIT TRUCK TRACTOR
Truck with Trailer Tractor with Semi-Trailer Tractor with Doubles Tractor with Triples Unknown Heavy Truck BUS TRUCK WITH TRAILER	SAM 2 SIP	PLES OF NGLE-UNIT (2	VEHICLE CO Axio; 6 Tire) SEMI-TRAILER	2. INFIGURATION C. 3 SINGLE-UNIT (3 or m.) 7 TRACTOR WITH DO	UBLES	S TRACTOR	NIT TRUCK TRACTOR WITH TRIPLES

General Instructions

This supplemental report must be completed in **addition** to the DR Form 40, Investigator's Motor Vehicle Accident Report for any:

- 1. truck having at least 2 axles and 6 tires;
- 2. vehicle displaying a hazardous materials placard; or
- 3. bus designed to transport 16 or more passengers including the driver.

You will need to complete additional supplementary forms if more than two trucks/buses were involved in the accident.

Data Elements

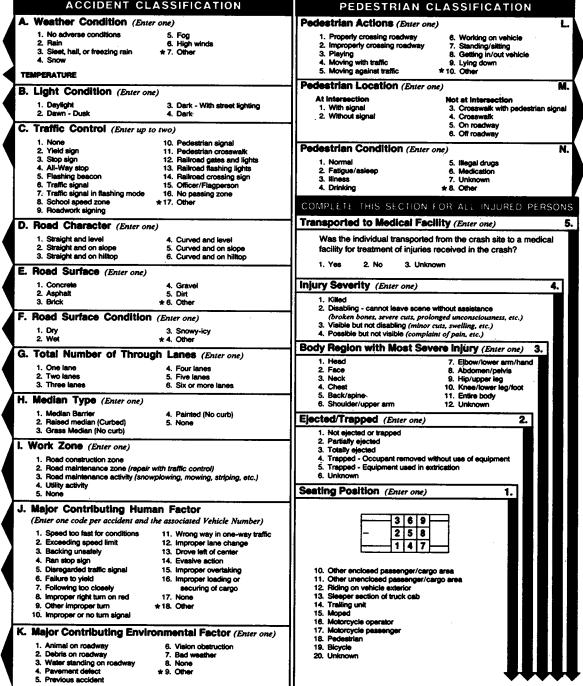
- Agency Case Number: If your agency has assigned an internal case number to the accident, enter the number just as you did on the Investigator's Motor Vehicle Accident Report.
- Date of Accident and Location Information: Enter this information just as you did on the Investigator's Motor Vehicle Accident Report.
- Driver Name: Copy the name of the truck or bus driver from the Investigator's Motor Vehicle Accident Report.
- Number of Axles: Indicate the number of axles, including auxiliary axles, under the vehicle or vehicle-combination.
- 5. Gross Vehicle Weight Rating (GVWR): Enter the gross weight specified by the manufacturer. The GVWR is usually found on the driver's side door-post or sometimes on the door itself. The GVWR for a vehicle towing a trailer or trailers is the sum of the ratings for each unit.
- 6. Carrier Name and Address: A motor carrier is defined as the person, company, or organization responsible for directing the transportation of the cargo or persons. The owner of the vehicle is often not the carrier. For further explanation, consult the "Instructions for Completing the Investigator's Motor Vehicle Accident Report" (revised edition 1992).
- 7. Carrier Name Source: Check the source you used to identify the "Carrier Name."
- 8. Carrier Identification Number: Carrier identification numbers are displayed on the side of the power unit. Vehicles engaged in interstate transport have either a six digit US DOT or ICC MC number. State numbers may be issued for interstate or intrastate commerce. Some trucks may not have an identifying number.
- 9 Commerce Classification: Check the "interstate commerce" box if the commercial vehicle can legally trade, traffic, or transport property across state lines. Mark the "intrastate commerce" box when the commercial vehicle is restricted to commerce within one state.
- 10. Truck Width: Measure the widest part of the truck or trailer and then check the appropriate box. If "other" is checked, specify the width in inches on the line provided.
- 11. Vehicle Configuration: Check the appropriate box. Selected examples of the vehicle configuration categories are presented at the bottom of the form.
- 12. Cargo Body Style: Check the appropriate box.
- 13. Sequence of Events: You are asked to identify and order the events of the accident relating to each <u>truck</u> or <u>bus</u>. Determine the events which describe the actions of the vehicle and then enter the proper code numbers in the order in which the events occurred (first, second, third, or fourth). Not all accidents will have more than one event, but indicate all that apply.
- 14. Hazardous Material Involvement: Determine if the vehicle has a HAZ MAT placard and then check the appropriate box. If a placard is present, indicate the 4-digit identification number or hazardous material name and the 1-digit HAZ MAT class number. Check whether or not hazardous cargo was released.
- 15. Investigating Officer Information: Complete this section and be sure to sign the report.



STATE OF NEBRASKA

INVESTIGATOR'S MOTOR VEHICLE ACCIDENT REPORT OVERLAY Please explain any selection marked with an exterist (**) in the accident description. **ACCIDENT CLASSIFICATION** A. Weather Condition (Enter one) 1. No adverse conditions

INSTRUCTIONS ON REVERSE SIDE



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Violation Ch	aroed:																			Circ	ation/Booking I	io.:	784
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Name Investigated	by:									rge(s) I.D. No.:	70	6 Da	te:	707	Revie	wed by	:			761	Investigati Complete:	on is	799
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Nevada

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		NEVADA HIGHWAY PATROL	
FOR HQ	USE ONLY	ACCIDENT SUPPLEMENT	REGION DR. NO.
		DIAGRAM	
			REGION ACCIDENT NO.
INDICATE TR	OOPER	easurements taken by—name), Date/T	ime/Hours

NHP 7 (Rev. 10-82)

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UNIT NO:		Rear	Passing Lt. Turr	Intersection	UNIT NO)·
		->->				INDICATE PROBABLE
INDICATE PROBABLE POINT OF IMPACT			3-04	14 1	1 2 3 4 5 6	POINT OF IMPACT
16. Undercarriage	13 Front 14 Rear 15	Rt. Turn	Rt. Turn Head-O	n Sideswipe	13 Front 14 Rear	15 16. Undercarriage
17. Rollover	12 11 10 9 8 7	47	A → 4	_>	12 11 10 9 8 7	17. Rollover
18. Fire/Explosion 19. Total		5	3 7 7	8		18. Fire/Explosion 19. Total
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F. NO. INJURED: TR	ANSPORTED BY			INJURED: TRAN	SPORTED TO	
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SIGNATURE OF INVESTIGAT DEPARTMENT/DIVISION/TE				DATE OF REI		
					YES	REVIEWED BY BY

				Sheet of Sheet
LOCAL USE		CTATE OF NEW HAR	DOLUME TO THE STATE OF THE STAT	M.V. USE ONLY
		STATE OF NEW HAM		No.
_		MOTOR CARRI		Date Rec'd
Please Print or Type	1	ACCIDENT REPO	ORT	Amended Report
DATE OF ACCIDENT	DAY OF WEEK	TIME) OF ACCIDENT	CITY/TOWN	COUNTY
		(Military)		
WHEN TO	IICE TUIC EA	ORM: Answers to questions bel	our datarminas	
			ow determines use	
	ccident involvith at least 2 a	ve - xles, 6 tires or haz mat cargo?		☐ Yes ☐ No
	h seats for mo	re than 15 people, including dr		Yes No
	ST	OP - If response to both ques	itions is "No", do not fill out form.	
	s) fatally injur			Yes No
	person(s) take (s) towed from	en away for medical attention?		☐ Yes ☐ No
O. VOINGIO	(3) 104160 110111		s" to 3, 4, or 5, fill out form.	L tes L No
B-1. Carrier's Identi	fication Num			
o-i. Carrer s luent	US DOT		ICC MC	1 1 1
	State Nar			L_L_
		ne LL	State Number	
B-2. Carrier's Name	:		(1)	☐ Vehicle Side
			Source: (2)	☐ Shipping Papers
			(3)	☐ Driver
B-3. Carrier's Addre Street or P.O. B			0"	
Street or P.O. B	OX		City	State Zip Code
J. Gross Vehicle	***	K. Axles on Vehicle	O Sequence of Events (for this	
Weight Rating		(including trailers)	O. Sequence of Events (for this	venicie)
	lbs.		1 2 3 4 Jackknife	
L. HAZARDOUS N			1 2 3 4 Overturn	
(1)	Yes	(2) No	1 2 3 4 Downhill runaway	
L-1. Did vehicle hav	e <u>Haz Mat pl</u> a	card?	1 2 3 4 Cargo loss or shift 1 2 3 4 Explosion or fire	
(1)	│ ☐ Yes	(2) No	1 2 3 4 Separation of units	
L-2. From placard in			1 2 3 4 Collision involving pe	
1-digit placard numbe rom diamond/box	r/name	1-digit number from bot- tom of diamond:	1 2 3 4 Collision involving m	
Tom Glamond, Dox		tom or diamond.	1 2 3 4 Collision involving pa 1 2 3 4 Collision involving tra	
L-3. Was HAZARDO	US CARGO fr	om vehicle released?	1 2 3 4 Collision involving pe	dalcycle
(Don't count fu			1 2 3 4 Collision involving ar	imal
	└ Yes	(2) L No	1 2 3 4 Collision involving fix 1 2 3 4 Collision involving ot	ed object
L-4. NOTIFICATION:			1 2 3 4 Other	ner object
M. Vehicle Configur	ation	N. Cargo Body Type	P. Type of Roadway	
0) 🛄 Any four tire vehicle		(1) Bus	(1) 2-way Trafficway with no Pr	vsical Separation
(1) 🔲 Bus 2) 🔲 1-unit truck: 2 axle, (3 tires	(2) U Van/enclosed box (3) Cargo tank	(2) 2-way Trafficway with a Phy	sical Separation
3) 🔲 1-unit truck: 3 or mo		(3) Cargo tank (4) Flatbed	(3) 2-way Trafficway with a Phy (4) 1-way Trafficway	sical Barrier
4) 🔲 Truck/trailer 5) 🔲 Truck/tractor (Bobt	all)	(5) Dump	Q. Access Control	
6) Tractor / semi-trailer 7) Tractor / doubles		(6) Concrete mixer (7) Auto transporter	(1) No Control of Access	
8) Tractor / triples		(8) Garbage/refuse	(2) Full Control of Access	
9) Other		(9) U Other	(3) Dother	
IGNATURE OF INVESTIGA	TING OFFICER		DATE OF REPORT	REVIEWED BY
	ROOP		YES	
EPARTMENT/DIVISION/T			PHOTOS TAKEN NO BY	

					Sheet	of Sheet(s)			
LOCAL USE	STATE OF NI TRAFFIC ACC SUPPLEMENT	CIDENT REPOF	RT		M.V. USE ONLY				
Please Print or Type		AL INFORMATI			Amended Report	Hit and Run			
DATE OF ACCIDENT	DAY OF WEEK	TIME OF ACC	CIDENT	CITY/TOWN					
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DSMV 161 (Rev.10/93	3)								



STATE OF NEW HAMPSHIRE **Department of Safety Division of Motor Vehicles** MOTOR VEHICLE ACCIDENT REPORT

M.V. Use Only

N.H.RSA 264:25 - REPORTING REQUIREMENTS

In the State of New Hampshire, any Motor Vehicle Accident causing death, personal injury, or combined vehicle/property damage in excess of \$1,000 must be reported in writing to the Division of Motor Vehicles within 15 days. Failure to report in the case of death or personal injury is a felony. Failure to report following a property damage only accident is a misdemeanor. INSTRUCTIONS — PLEASE PRINT OR TYPE ALL INFORMATION — USE BLACK OR DARK BLUE INK

- The date and focation of the accident is very important and you must describe it as accurately and completely as possible in the space provided. When describing the location of your accident, indicate the direction and distance from the crash sate to the nearest intersecting road or, for interstate highways, to the nearest mileage marker or exit number.
- 2. In Section C. for each occupant of your vehicle, or for a pedestrian or bicyclist, enter the requested information on a single line. Utilize a further report form if more than six persons involved. For a winness, enter a "W" in the "WHICH VEHICLE COLUMITED" column; for a Pedestrian, enter a "B" in the box; for a Bicyclist, enter a "B". For a new born child (less than one year) enter "NB" for age. Enter "M" for Male and "F" for female.
- You must enter Injury information on all occupants, utilizing the following designations:
 X Any injury that results in death.
 A Severa lacerations, broke or distorted limbs, skull frac-
- when taken from the accident scene, unable to leave the accident scene without assistance.

 B Lump on head, abrasions, minor lacerations.

 C Momentary unconscioueness. Limping, nausea, hysteria, complaint of pain (no visible injury).

 U Unknown.

 N Not injured.

- N = recurringues.

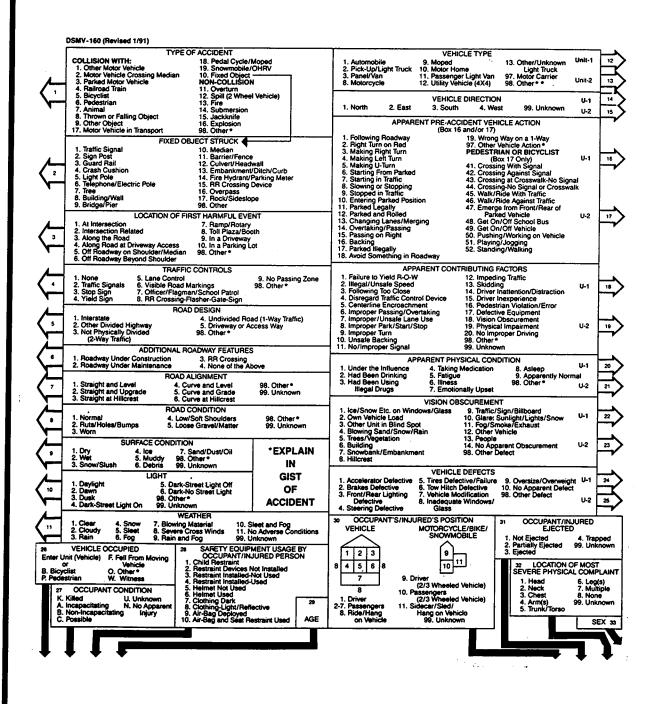
 N = recurringues.

 A Give your own and your vehicles owner's CURRENT name and address when completing the YOUR VEHICLE part of the form. Report all other driver's and vehicle's information exactly as it appears on their licenses and registrations. If you were involved in an accident with a Pedestrian or Bicyclist, check the appropriate box under OTHER VEHICLE and enter the Pedestrian or Bicyclist information in the OTHER VEHICLE DRIVER section. If the other vehicle was unoccupied, be very sure to enter the correct vehicle plate number and vehicle make in the appropriate boxes. If you were involved in an accident in which there were more than two vehicles, additional response.
- If you are driving a Commercial Motor Vehicle (Truck over 28,000 GVWR. Bus with more than lifteen seats, or vehicle placarded for Hazardous Materials), please indicate it in the appropriate box.
- It is mandatory to provide complete insurance information in the section provided, or to indicate that your vehicle and/or license does not have insurance coverage. Your report must be signed and dated, else the report cannot be accepted.
- If you have difficulty completing this form, your insurance agent may be able to assist you, otherwise contact the Acc-dent Section of the Division of Motor Vehicles at (603) 271-3106 (Speech/Hearing Impaired HELP TTY/TDD Relay 225-4033).
- Submit your completed and signed reports to:
 Department of Safety
 Accident Section
 10 Hazan Drive

ture, crushed o	chest, internal injurie	s, unconsciou	s report(s) must be filled out. SEC	TION A	Concord. Ni			
DATE OF ACCIDENT	DAY OF WEEK	TIME	□ AM C	CITY/TOWN					
NUMBER OF VEHICLES	DID POLICE INV		YES P	OLICE DEPARTMEN	iT				
ACCIDENT OCCURRE		on	e that plies	1. AT THE IN	TERSECTION WITH R	OUTE # and/or EXIT # OR STREET	NAME		
ROUTE # OR STREET NAM	IE				S RC	OUTE # and/or EXIT # OR STREET	NAME		
which bes	number of the it t describes the cir	YPE OF ACCI	corresponding of the accid	dent.	At Intersection Intersection Relate Along the Road Along Road at Dri Off Roadway on Si Off Roadway Bayo	O to a De	Rotary za/Booth veway		_
2. Motor v 3. Parted 4. Railros 5. Bioycti 6. Pedest	Motor Vehicle Vehicle Crossing Med I Motor Vehicle Id Train It Ifan	ian 10, F NON 11, 0 12, S 13, F	edal Cycle/Mo nowmobile/Ol- ixed Object -COLLISION iverturn pill (2 Wheel Vi ire		None Traffic Signats Stop Sign Yield Sign Lane Control	TRAFFIC CONTROLS 6. Visible 7. Officer/ 8. RR Cro 9. No Pas 98. Other*	Road Markings Flagman ssing-Flasher-Gate sing Zone		_
9. Other (17. Motor \ If you ent Otherwise	n or Failing Object Object Vehicle in Transport or 10 in box 1, ente leave box 2 blank.	15. Ji 16. E 98. O		T STRUCK in box 2.	Interstate Other Divided High Not Physically Divi (2-Way Traffic)	Market & Driverse	ed Road (1-Way Traffic) ny or Access Way		
1. Traffic 3 2. Sign Pc 3. Guard 4. Crash 0 5. Light Pc	Signal ost Rail Cushion ole one/Electric Pole	11. B 12. C 13. E 14. Fi	ledian arrier/Fence ulvert/Headwa mbankment/Di re Hydrant/Par	tch/Curb rking Meter	1. Dry 2. Wet 3. Snow/Slush	ROAD SURFACE CONDITI 4. Ice 5. Muddy 6. Debris	ONS 7. Sand/Dust/Oil 98. Other* 99. Unknown		
7. Tree 8. Buildin 9. Bridge/	,	15. H 16. O 17. R 96. O	R Crossing Deverpass ock/Sideslope ther*	vice	1. Clear 4. Snor 2. Cloudy 5. Stee 3. Rain 6. Fog	WEATHER w 7. Blowing Material t 8. Severe Cross Winds 9. Rain and Fog	10. Sleet and Fog 11. No Adverse Condit 99. Unknown	nions >	
				SECT	TION C				
TYPE OF INJURY K. A. B. C. U. N (See Instructions Above) AGE SEX 10	2. Neck 3. Chest 4. Arm(s) 9 5. Trunk/Torso WHI	MOST IURY 8. Leg(s) 7. Multiple 8. None 9. Unknown CH VEHICLE CCUPIED? 9 Instructions Above)	VEHIC 1 2 8 4 5 7 8	Z Z		MOTORCYCLE/BIKE/ SNOWMOBILE 9. Driver (2/3 Wheeled Vehicle) 10. Passengers (2/3 Wheeled Vehicle) 11. Sidecar/Sied/ Hang on Vehicle 99. Unknown	THROWN FROM VI SAFETY EQUIPMENT UT Seet Belts used Child Restrants used Air Bag Deptoyed Air Bag A Seet Belt Helmet Worn (Motorcy No equipment used	TLIZED Coo	
8 9 10	11 12 NAM	E(S) OF OCCI	JPANTS IN YO	UR VEHICLE / WITNE	SSES	ADDRESS / PHONE	NO. 13	14	15
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SMV 400 (Revised 9/9	13)			PLEASE TUR	N OVER				

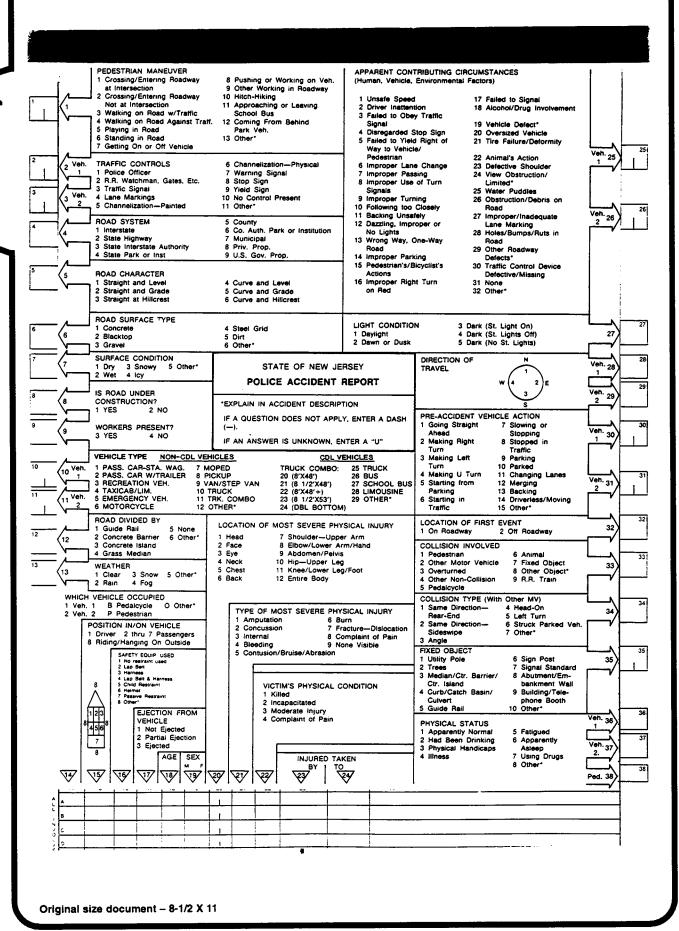
*Without DESCRIPTION OF ACCIDENT, ESTIMATE OF REPAIR, or OPERATOR'S SIGNATURE, report will NOT be accepted. SECTION D

		YOUR V	EHICLE	B					OTHE	R VEHICLE	:	PEDESTR	
RIVER LICEN	SE NO.	ST	TATE		CLASS	SIFICATION	DRIVER LICE	NSE NO.		STATE		CLASSIF	
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.О.В.					SEX		D.O.B.					SEX	
URRENT ADD	ORESS, NUME	BER AND STRE	ET		P	HONE NO.	CURRENT AD	DRESS, N	NUMBER AND S	TREET		PHO	ONE NO.
ITY/TOWN		STA	TE			ZIP CODE	CITY/TOWN			STATE		Z	P CODE
LATE NO.		STATE	TRAILER	PLATE NO		STATE	PLATE NO.		STATE	TRAILER P	PLATE NO.	1	STATE
ME	OWNER NA	ME ME	LAS	T, FIRST, MI	DOLE		SAME AS DRIVER	OWNE	R NAME	LAST,	FIRST, MIC	DLE	-
URRENT ADD	DRESS, NUMI	BER AND STRE	ET		P	HONE NO.	CURRENT AD	DRESS, P	NUMBER AND S	TREET		PH	ONE NO.
TY/TOWN		STA	TE			ZIP CODE	CITY/TOWN			STATE		Z	IP CODE
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Excessive speed Speed too fast for conditions Failed to yield right of way Failed to yield right of way Passed stop sign Consequence traffic signal Consequence to center Improper overtaking	Following too closely Made improper turn Driver inattention Under influence of atoch Other improper driving Pedestrian error Inadequate brakes	Defective times Defective time	Con rain	Stopped for Traffic Slopped for sign/signal Start in Traffic Ln Start from Park Parked Other
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Diagram Drawn By:	*Specify Measurements By		Leave Blank	
Use Supplemental Diagram/Narrative Sheet for NARRATIVE (Describe how accident occured).	additional information.			Indicate North By Arrow
TOWED BY Year TRAILER VEH #1	Make	Lic Yr - Slate - Number		Туре
TRAILER VEH. #1	Make	Lic Yr - State - Number		Туре
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MTD - 11191 INT. 08/93
UAR Accident Report #

STATE OF NEW MEXICO - MOTOR TRANSPORTATION DIVISION

Truck and Bus Supplemental Accident Report



Supplemental Supplemental	Accident Report
ONLY COMPLETE THIS FOR	M IF TWO CONDITIONS ARE MET
ACCIDENT MUST HAVE INVOLVED Condition #1: A truck with at least 2 axles or 6 tires; and/or A vehicle with Hazmat placarding; or A bus with seats for more than 15 people (including driver).	AND AT LEAST ONE OF THE FOLLOWING OCCURRED: Condition #2: Person(s) fatally injured. Injured person(s) taken from the scene for medical attention. Vehicle(s) towed from the scene.
	 INFORMATION
Carrier Name Carrier Address	Source: □ Vehicle Side □ Shipping Papers □ Driver
Carrier ID# US DOT#	ICC MC # State Name State #
Wehlcle configuration Bus Single unit truck, 2 axle, 6 tire Single unit truck, 3 or more axles Truck / Trailer Truck / Trailer Truck Tractor (bobtail) Tractor / Semitrailer Tractor / Doubles Unknown heavy truck Gross Vehicle Weight Rating Was Hazardous Cargo Released from the Vehicle? SEQUENCE OF EVENTS	CARGO BODY TYPE Bus Van or Enclosed Box Cargo Tank Flatbed Dump Concrete Mixer Auto Transport Garbage or Refuse Unknown heavy truck Number of Injuries Indicate Name from Diamond or Box TRAFFICWAY
1 2 3 4 Ran Off the Road 1 2 3 4 Jackknifed 1 2 3 4 Overturned 1 2 3 4 Downhill Runaway 1 2 3 4 Cargo Lost or Shifted 1 2 3 4 Explosion or Fire 1 2 3 4 Explosion of Units 1 2 3 4 Collision Involving Pedestrian 1 2 3 4 Collision Involving Vehicle in Transport 1 2 3 4 Collision Involving Parked Vehicle 1 2 3 4 Collision Involving Train 1 2 3 4 Collision Involving Train 1 2 3 4 Collision Involving Pedalcycle 1 2 3 4 Collision Involving Animal 1 2 3 4 Collision Involving Fixed Object 1 2 3 4 Collision Involving Fixed Object 1 2 3 4 Collision Involving Other Object 1 2 3 4 Other	Not physically divided Divided highway, median strip, no traffic barrier Divided highway, median strip, with traffic barrier One way traffic ACCESS CONTROL No control, unlimited access Full control, only ramp entry and exit COMMENTS AND OTHER INFORMATION

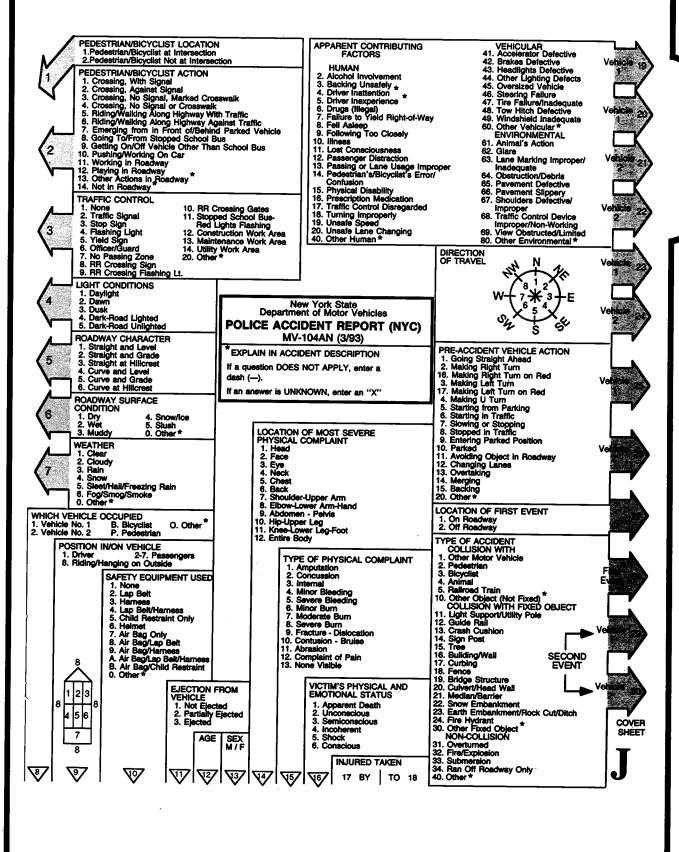
FATAL ACCIDENT SUPPLEMENTAL REPORT

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NEW YORK CITY HOSPITAL CODES

Bronx County Hospitals Bronx Municipal Hospital Center - 7003

Bronx State Hospital - 7004
Bronx V.A. Hospital - 7005
Calvary Hospital Inc. - 7006
Lincoln Hospital - 7010
Misericordia Hospital - 7011
Montefiore Hospital and Medical Center - 7012
North Central Bronx Hospital - 7026
Pelham Bay General Hospital - 7016
Prospect Hospital - 7017
St. Barnabas Hospital - 7019
The Bronx-Lebanon Hospital Center Concourse Division - 7020
The Bronx-Lebanon Hospital Center Fulton Division - 7021
The Hospital of the Albert Einstein Col. of Med. - 7022
Union Hospital - 7023
Westchester Square Hospital - 7025

Kings County Hospitals

Baptist Medical Center - 7141 Brookdale Hospital Center - 7103 Brooklyn Hospital - 7105 Brooklyn V.A. Hospital - 7107 Caledonian Hospital - 7108 Carson C. Peck Memorial Hospital - 7109 Community Hospital of Brooklyn - 7110 Coney Island Hospital - 7111 Flatbush General Hospital - 7113 Hospital of the Holy Family - 7115 Jewish Hospital and Medical Center - 7118 Kings County Hospital Center - 7119 Kings Highway Hospital - 7120 Kingsbrook Jewish Medical Center - 7121 Long Island College Hospital - 7124 Lutheran Medical Center - 7126 Maimonides Medical Center - 7127 Methodist Hospital of Brooklyn - 7128 St. John's Episcopal Hospital - 7132 St. Mary's Hospital - 7133 State University Hospital Downstate Medical Center - 7134 Victory Memorial Hospital - 7137 Wyckoff Heights Hospital - 7139 Woodhull Medical Center - 7142

Queens County Hospitals

Astoria General Hospital - 7301 Booth Memorial Hospital - 7302 Boulevard Hospital - 7303 Catholic Medical Center - Brooklyn-Queens, Inc. - 7304 City Hospital Center at Elmhurst (Satellite) - 7305 City Hospital Center at Eliminust (Satellite) - 1 Creedmore State Hospital - 7306 Deepdale General Hospital - 7307 Flushing Hospital and Medical Center - 7308 Hillcrest General Hospital - 7309 H.I.P. Hospital, Inc. - 7310 Jamaica Hospital - 7311 Long Island Jewish-Hillside Medical Center - 7314 Mary Immaculate Hospital - 7315 Parkway Hospital - 7316 Parsons Hospital - 7317 Peninsula Hospital Center - 7318 Physician's Hospital - 7319 Queens Hospital Center - 7321 St. John's Episcopal Hospital South Shore Div. - 7322 St. Albans Naval Hospital - 7323 St. John's Queens Hospital - 7324 St. Mary's Hospital - 7325

Richmond County Hospitals

Bayley Seton Hospital - 7408
Doctors Hospital of Staten island - 7401
New York State Willowbrook State School - 7407
Richmond Memorial Hospital - 7402
Sea View Hospital and Home - 7403
St. Vincent's Medical Center of Richmond - 7404
Staten Island Hospital - 7405
U.S. Public Health Service Hospital (Marine Hospital) - 7406

New York County Hospitals

Beekman-Downtown Hospital - 7201 Bellevue Hospital Center - 7202 Beth Israel Medical Center - 7203 Coler Memorial Hospital - 7204 Cabrini Medical Center - 7258 Columbia-Presbyterian Medical Center - 7205 Doctors Hospital - 7208 Flower and Fifth Avenue Hospital - 7209 Goldwater Memorial Hospital - 7212 Harlem Hospital Center - 7215 Hospital for Joint Diseases - 7216 Hospital for Special Surgery - 7218 Joint Diseases North General Hospital - 7259 Lenox Hill Hospital - 7223 Manhattan Eye, Ear and Throat Hospital - 7226 Manhattan State Hospital - 7227 Manhattan V.A. Hospital - 7228 Medical Arts Center Hospital - 7229 Memorial Hospital for Cancer & Allied Diseases - 7230 Metropolitan Hospital - 7231 Mount Sinai Hospital - 7233 New York Hospital - 7234 New York Eye and Ear Infirmary - 7237 New York Infirmary - 7239 New York University Medical Center - 7241 Rockefeller University Hospital - 7246 Roosevelt Hospital - 7247 Saint Clare's Hospital - 7249 Saint Luke's Hospital - 7251 Saint Vincent's Hospital - 7252

Westchester County Hospitals

Blythedale Childrens Hospital - 5901
Burke Rehabilitation Center - 5902
Cornell Medical Center - 5916
Dobbs Ferry Hospital - 5903
FDR Hospital (Veterans Hospital) - 5911
Westchester County Medical Center - 5905
Lawrence Hospital - 5906
Mount Vernon Hospital - 5920
New Rochelle Hospital - 5923
Northern Westchester Hospital - 5907
Peekskill Hospital - 5908
Phelps Memorial Hospital - 5909
St. Agnes Hospital - 5919
St. John's Riverside Hospital - 5910
St. Joseph's Hospital - 5917
United Hospital - 5912
White Plains Hospital - 5913
Yonkers General Hospital - 5914

Nassau County Hospitals

Central General Hospital - 2908 Community Hospital at Glen Cove - 2902 Franklin General Hospital - 2913 H.I.P. Hospital of Syosset - 2903 Hempstead General Hospital - 2907 Long Island Jewish Hillside Medical Center - 2918 Long Beach Hospital - 2900 Lydia E. Hall Hospital - 2912 Massapequa General Hospital - 2917 Mercy Hospital - 2915 Mid Island Hospital - 2910 Nassau Hospital - 2905 Nassau County Medical Center - 2909 North Shore Hospital - 2901 South Nassau Community Hospital - 2911 St. Francis Hospital - 2916

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ACCIDENT SEQUENCE CODES					
8. VEHICLE MANEUVER/ PEDESTRIAN ACTION:	18. Crossing not at intersection	7. Parked vehicle 8. Train	Parked vehicle Bicycle, moped	19. Median barrier Non-	9. DISTANCE TO OBJECT STRUCK
VEHICLE	19. Coming from behind	9. Bicycle	4. Pedestrian	20. Median barrier rail	
Stopped in travel lane	parked vehicle	10. Moped	5. Animal	face rain berrier rail	1. In road
2. Parked out of travel	20. Walking with traffic	11. Animal	6. Tree	21. Bridge rail end	2. Right of road, 0-10 ft.
lanes	21. Walking egainst traffic	12. Fixed object	7. Utility pole (with or	22. Bridge rail face	3. Right of road, 14-30 ft.
3. Parked in travel lanes	22. Getting on or off	13. Other object	without light)	23. Overhead part of	4. Right of road, over 30 ft
4. Going straight sheed	vehicle	COLLISION OF MOTOR	8. Luminaire pole	underpass	5. Left of road, 0-10 ft.
5. Changing lanes or	23. Standing in road	VEHICLE WITH ANOTHER	(non-breakaway)	24. Pier on shoulder of	 Left of road, 11-30 ft. Left of road, over 30 ft.
merging	24. Working in road	MOTOR VEHICLE	9. Luminaire pole	underpass	8. None or N/A
6. Passing	25. Playing in road	14. Rear end, slow or stop	(breaksway)	25. Pier in median of	9. Straight ahead, 0-10 ft.
7. Making right turn	26. Lying in road	15. Rear end, turn	10. Official highway sign	underpass	10. Straight ahead, U-10 ft.
8. Making left turn	27. Other in road	16. Left turn, same roadway	(non-breakaway)	26. Abutment (supporting	11. Straight ahead, over 30
9. Making U turn	28. Not in road	17. Left turn, different	11. Official highway sign	wall of underpass)	10. VEHICLE DEFECTS
10. Backing	7. FIRST/MOST	rosdways	(breekeway)	27. Curb, median or	1. Defective brakes
11. Slowing or stopping	HARMFUL EVENT:	18. Right turn, same	12. Commercial sign	traffic island	2. Defective headlights
12. Starting in roadway	RAN OFF ROAD	roedway	13. Guerdreil end on	28. Catch bean or culvert	Defective rear lights
13. Parking	1. Right	19. Right turn, different	shoulder	on shoulder	4. Defective steering
14. Leeving parked	2. Left	roedways	14. Guardrail face on	29. Catch basin or culvert	5. Defective tires
position	3. Straight sheed	20. Head on	shoulder	in median	6. Other defects
15. Avoiding object in	NON-COLLISION	21. Sideewipe	15. Guerdrall end in median	30. Ditch benk	7. Not known if defective
roed	4. Overturn	22. Angle	16. Guardrail face in	31. Mailbox	8. No defects detected
16. Other (describe)	5. Other	23. Backing	median	32. Fence or fence post	O. HO DEIGCIS DEIGCISC
PEDESTRIAN	COLLISION OF MOTOR	8. OBJECT STRUCK (ex-	17. Shoulder berrier Non-	33. Construction barrier	
17: Crossing at inter-	VEHICLE WITH	cluding another motor	end >Guerd-	34. Crash cushion	
section	6. Pedestrian	vehicle in treffic)	18. Shoulder berrier rail	35. Other object	
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	Passer	ger Cars/Small			Tractor	-Trailers	Mo	otorcycle, Bicycle or M	loped
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		or Ped.	OHDERNIESHII. ZZ.	TION 20. OBINO		Veh. 2	11. Locality	19. Road Defects	
6. Veh. Maneuver/Ped. Action		<u> </u>			Veh. 1	or Ped.	12. Development Type	20. Road Conditi	on
7. First Harmful Event			Speed Limit (for each				13. Road Feature	21. Light Condition	on
7. Most Harmful Event			Estimated Original Tra				14. Road Character 15. Road Class	22. Weather 23. Traffic Control	.
8. Object Struck		<u> </u>	Estimated Speed at In				16. Number of Lanes		Yes No
9. Distance to Object Struck			Tire Impressions Befo				17. Road Configuration		O Yes O No
10. Vehicle Defects			Distance Traveled After	er Impact (ft.)			18. Road Surface		
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MAIL TO: DRIVERS LICENSE & TRAFFIC SAFETY DIVISION ~ NORTH DAKOTA DEPARTMENT OF TRANSPORTATION - 608 E. BOULEVARD ~ BISMARCK, NORTH DAKOTA 58505-0701 - FORWARD WITHIN 5 DAYS OF INVESTIGATION OF CRASH -

MOTOR VEHICLE CRASH REPORT OVERLAY NO. 1

Department of Transportation, Drivers License & Traffic Safety SFN 2356 (Rev. 10-93)

GENERAL INSTRUCTIONS

USE BLACK INK OR TYPE ONLY.
COMPLETE ALL BLOCKS UNLESS OTHERWISE DIRECTED. EXCEPTIONS ARE LISTED IN APPENDIX A OF THE OFFICERS MANUAL.
ALL ITEMS WITH AN ASTERISK (*) MUST BE EXPLAINED IN THE NARRATIVE.

Hit and Run Vehicle
Roadway Maintenance Vehicle

Other Publicly-Owned Vehicle

Unknown Heavy Trucks

To Criter Publicy-Owned Vehicle
 Pedestrian
 Co. 2-Axte 6-Tire Single Unit Truck / Stepvan
 Sor More Axte Single Unit Truck
 Single Unit Truck
 Single Unit Truck

CRASH AND GENERAL INFORMATION

- A. REPORT TYPE
- Original Supplemental (Send copy of original report with all supplemental reports.)
- B. CRASH TYPE
 - Traffic
 - 2. Non-Traffic
- Non-Reportable
- C. CRASH SEVERITY
- 1. Fatal
- 3. Property Damage Only

7. Park Ranger

- D. HIT AND RUN
- 1. Yes

3.

- No (If code "Yes" used for original, then all supplement reports must be "Yes")
- E. AGENCY TYPE
- City Police County Sheriff
- BIA
- Campus PD Military Police
- INTERSECTION TYPE
- Non-Intersection
- Four Roads Five Or More Roads
- G. RELATION TO ROADWAY
- On Roadway 0. Shoulder
- Outside Shoulder-Left (Includes Ditch) Outside Shoulder-Right (Includes Ditch) Off Roadway (Location Unknown)
- 6. 7. 8.

Bridge

- Median Gore Parking Lot
- Private Property
- H. RELATION TO JUNCTION
- Non-Junction
- Intersection
- Interchange Area
- Alley / Driveway Access
- ROADWAY GEOMETRICS
- Straight (On Level) Straight (On Grade)
- Curve (On Level)
 Curve (On Grade)
 - 5. Hillcrest

3. Other *

Loose Material Surface

Reduced Road Width Holes / Ruts / Bumps / Washout

Debris On Road

Entrance / Exit Ramp Railroad Grade Crossing

- TRAFFICWAY
- Not Divided (Two-Way Traffic) Divided Highway (Median Strip Without Barrier) Divided Highway (Median Strip With Barrier) One-Way Trafficway
- K. ACCESS CONTROL
- No Control (Unlimited Access)
- Full Control (Only Ramp Entry and Exit)
- ROAD CONDITION
- Normal Under Construction, Maintenance
- Soft / Defective Shoulder Obstruction / Flood
- M. SURFACE TYPE
 - Concrete
 - 4. Dirt
- Asphalt Gravel / Scoria

- - - Slush
- Concrete Bridge Deck Asphalt Bridge Deck Metal Bridge Deck Wood Bridge Deck

IF BRIDGE DECK:

- N. SURFACE CONDITION
- Dry Muddy Wet

- 6. Ice / Compacted Snow
- O. WEATHER
- Clear Cloudy
- Rain
- Blowing Soil / Snow Sleet / Hail / Freezing Rain
- P. LIGHT

0. None

- Daylight
- Daw
- Dusk
 Dark (Lighted)
- Q. VISUAL OBSTRUCTION
- Rain / Snow / Frost on Window Trees / Crops / Sign
- 5. 6.
- Hillcrest
- Building Embankment
 - MV in Roadway Glare 8.
- Fog / Smoke / Dust

Fog / Smoke / Dust Severe Wind

5. Dark (Not Lighted)

- UNIT CONFIGURATION

- . Pass. Car . Pickup / Van / Utility . Bus(Seats For ≥16, Incl. Driver) . School Bus 03.
- Motorhome / Camper
- 07. All-Terrain Veh.
- 08. Motorcycle 09. Moped
- 10. Pedalcycle
- Const. Equip.
- Emergency Vehicle

0. None

- **ATTACHMENTS**
 - 1. Single Trailer
- 2. Double Trailer

23. Truck Tractor

13. Train 14. Farm Equipment 15. Modified Vehicle

- TRUCK CARGO BODY TYPE
 - 05. Flatbed / Platform
- Oo. Not Applicable
 Oo. Not Applicable
 Oo. Van / Enclosed Box
 Oo. Dry Bulk Cargo Tank
 Oo. Liquid Bulk Cargo Tank
 Oo. Gaseous Bulk Cargo Tank
 Oo. Gaseous Bulk Cargo Tank 06. Dump 07. Concrete Mixer

 - 08. Auto Transporter 09. Garbage / Refuse
- 12. Special Permit Load 90. Other *

06. RR Crossbucks / Pavement Marking 07. Officer / Flagperson 08. Traffic Signal

Control Not Visible / Broken

11. Delineators / Bridge Markings

COLLISION WITH FIXED OBJECT

30. Impact Attenuator 31. Bridge / Pier / Abutment 32. Bridge Parapet End 33. Bridge Rail

34. Guardrail Face 35. Guardrail End

36. Median Barrier

- 99 Linknown
- U. ANTILOCK BRAKE SYSTEM
- Rear Only
 - - 2. Front Only

09. Yield Sign 10. Barricade

12. Guardrail Geometrics

14. Speed Limit

08. Traffic Signals 09. Clearance Height 10. Road Maintenance

- Front and Rear

3. Triple Trailer

10. Bus (16 Incl. Driver)

11. Combination

V. ORIGINAL DIRECTION OF TRAVEL



- W. TRAFFIC CONTROL

- 00. None 01. Stop Sign 02. No Passing Zone 03. Flashing Beacon
- 04. RR Signals With Gates 05. RR Signals Only
- ENGINEERING CONCERNS 00. None
- 01. Need Signing 02. Trees / Shrubs / Tall Grass
- 03. Pavement Marking

- 04. Hill / Curve 05. Narrow Bridge / Roadway
- 06. Rough Road 07. Lighting
- MANNER OF COLLISION
- 3.

- Angle 4. Sideswipe (Same Direction) 7. Non-Collision With Motor Vehicle Rear-End 4. Sideswipe (Opposite Direction) 6. Rear-to-Rear in Transport

- FIRST HARMFUL EVENT (Initial Collision - Characterizes the crash type. Use one of the codes below.)
- AA. SEQUENCE OF EVENTS (Use up to 3 of the codes below for each vehicle. If necessary, to describe the sequence of accident-related events following the first harmful
- COLLISION WITH OBJECT NOT FIXED
- 01. Motor Vehicle in Transport 02. Motor Vehicle in Transport in Other Rdwy 03. Pedestrian 04. Pedalcycle
- 05. Railway Train 06. Deer
- 07. Other Large Game 08. Farm Animal 09. Small Animal 10. Parked Motor Vehicle
- Other Object (Not Fixed)
- NON-COLLISION 20. Overturn / Rollover 21. Fire / Explosion
- 22. immersion 23. Jackknife Downhill Runaway
- 25. Cargo Loss or Shift 26. Separation of Units 27. Ran off Roadway 28. Other Non-Collision
- 37. Highway Traffic Sign Post38. Overhead Sign Support39. Luminaire / Light Support 40. Utility Post 41. Other Post 42. Culvert 43. Curb
- 44. Ditch
- Embankment 46. Fence 47. Mail Box
- 48. Tree 49. Other Fixed Object

BB.MOST HARMFUL EVENT (If an event following the initial collision causes the most damage use, the codes above. One for each vehicle, if necessary, to identify this most harmful event.) LEAVE BLANK IF SAME AS "Z" ABOVE

THE STATE CODES ARE AS FOLLOWS:	
AL Alabama AK Alaska AZ Arizona AR Arkansas CA California CO Colorado CT Connecticut DE Delaware DC District of Columbia FL Florida GA Georgia HI Hawaii ID Idaho IL Illinois IN Indiana IA lowa KS Kansas KY Kentucky LA Louisiana ME Maine MD Maryland MA Massachusetts MI Michigan MN Minnesota	MT Montana NE Nebraska NV Nevada NH New Hampshire NJ New Jersey NM New Mexico NY New York NC North Carolina ND North Dakota OH Ohio OK Oklahoma OR Pennsylvania RI Rhode Island SC South Carolina SD South Dakota TN Tennessee TX Texas UT Utah VT Vermont VA Virginia WA Washington WV West Virginia WI Wisconsin
MS Mississippi MO Missouri	WY Wyoming US US Government
THE CANADIAN PROVINCES:	
AB Alberta BC British Columbia MB Manitoba NB New Brunswick NF Newfoundland NS Nova Scotia CN Unknown Canadian Province	ON Ontario PE Prince Edward Is. PQ Quebec SK Saskatchewan NT Northwest Terr. YT Yukon Territory
TERRITORIAL POSSESSIONS:	FOREIGN COUNTRIES:
GU Guam PR Puerto Rico VI Virgin Islands	MX Mexico OF Other Foreign Countries
MOST COMMONLY USED CITY CODES:	

MOTOR VEHICLE CRASH REPORT OVERLAY NO. 2

OCCUPANT, WITNESS, AND PROPERTY INFORMATION

OCCUPANT SEAT POSITION



UNIT

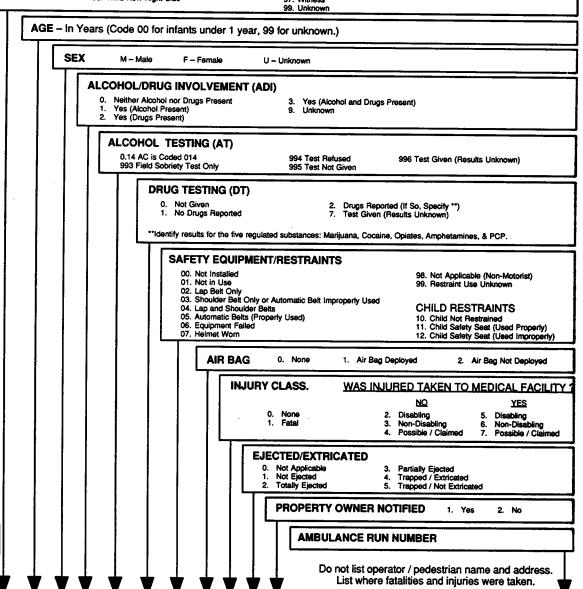
NUMBER

- 11. Front Seat-left Side (Motorcycle Driver)12. Front Seat-Middle13. Front Seat-Right Side

- 21. Second Seat-Left Side (Motorcycle Passenger)
- Second Seat-Middle
- 23. Second Seat-Right Side 31. Third Row-Left Side (Motorcycle Passenger) 32. Third Row-Middle
- 33. Third Row-Right Side

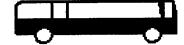
- Sleeper Section of Cab (Truck)
 Passenger in Other Enclosed Passenger or Cargo Area (Non-Trailing Unit)
 Passenger in Unenclosed Passenger or Cargo Area (Non-Trailing Unit)
 Riding on Vehicle Exterior (Non-Trailing Unit)
 Bus Passenger
 Damage Prop. (Public)
 Damage Prop. (Public)
 Damage Prop. (Private)
 Pedestrian

- 96. Pedestrian 97. Witness



TYPICAL TRUCK AND BUS CONFIGURATIONS





Bus



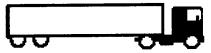
2-Axle, 6-Tire, Single Unit Truck



3 or More Axle Single Unit Truck



Truck Tractor (Bobtail)



Truck Tractor with Single Trailer



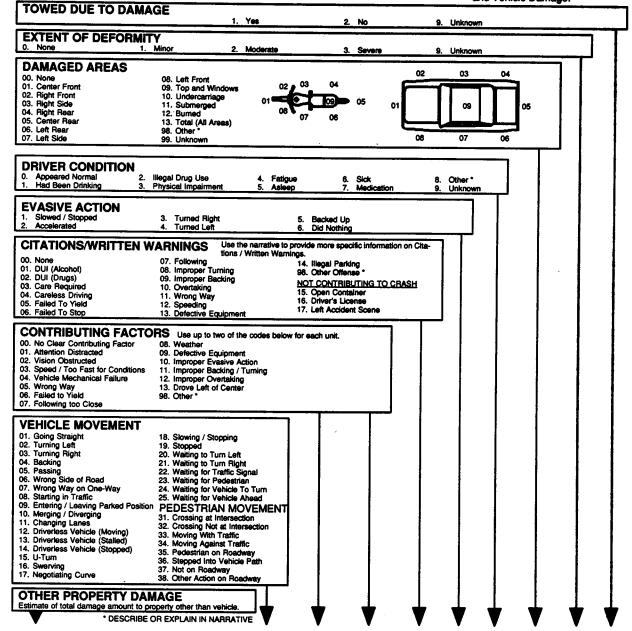
Truck Tractor with Double Trailer



Truck Tractor with Triple Trailer

MOTOR VEHICLE CRASH REPORT OVERLAY NO. 3 ACTION SEQUENCE, CITATIONS, AND DAMAGE

A Summary By Unit Number, of the Sequence of Actions, Events, Contributing Factors, Citations, and Vehicle Damage.



ABBREVIATIONS:

N North E East	NE Northeast NW Northwest
E East S South	SE Southeast
W West	SW Southwest
AFB Air Force Base	JCT Junction
AVE Avenue	MI Mile
BLVD Boulevard	PK Park
CR Circle	PKWY Parkway
CT Court	PL Place
XING Crossing	RD Road
DR Drive	ST Street
EXPY Expressway	SQ Square
FT Fort	STA Station
HWY Highway	TE Terrace
INST Institute	UNIV University
IS Island	·

OHIO TR	AFFIC CR	ASH REI	PORT		•	3 4	o	H-4 (Rev	. 1/82)								
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LOCAL REPORT NO.	DESCRIBE WHAT H REFER TO UNITS BY NUMBER	APPENED						
WEATHER 1 NO ADVERSE 4 FOG		FIRST LILE			SHOW NORTH			
WEATHER 5 HIGH WING 2 RAIN 6 OTHER 3 SNOW	1 HE 2 RE 3 BA	MV IN TRANSPORT AD ON IR-END CKING ESWIPE MEETING			WITH ARROW			
ROAD CONDITION 1 DRY 4 ICE 2 WET 5 DIRT/SAND 3 SNOW 6 OTHER	5 SID 6 AN	ESWIPE PASSING						
LIGHT 1 DAYLIGHT 4 DARK NO L 2 DAWN 5 DARK-LIGH 3 DUSK 6 OTHER	8 PEI 9 AN 10 TR 11 PEI 12 OT 13 FIX 14 OT	IKED MOTOR VEH JESTRIAN MAL JIN JALCYCLE JER NON-M V ED OBJECT JER OBJECT			+			
ROAD CONTOUP 1 STRAIGHT LEVEL 3 CURVE 2 STRAIGHT GRADE 4 CURVE	LEVEL 15 FAI 16 OV 17 OT	ION-COLLISION) L FROM OR IN VEH ERTURNING HER NON-COLLISION OCATION			-			
OCCURRENCE 1 ON ROADWAY 3 OFF RIGHT 2 OFF LEFT SIDE 4 ON OPPOTO OF A DITTERMENTAL MICHAEL SPECIAL AREA	F SIDE 2 INT SING LANE 3 DR VIDED 4 RA Y 5 BR 6 BR 7 NO	ERSECTION ERSECTION-RELATED VEWAY ACCESS LROAD CROSSING DGE-PASSING OVER DGE-PASSING UNDER N-INTERSECTION						
1 ROAD CONSTRUCTION MAINTENANCE AREA 2 SCHOOL ZONE	8 PR	VATE PROPERTY	 		 			
TYPE OF #	A #B	PRE-CRASH ACTIONS	A B	CONTRIBUTING FACT	OR A 9			
2 COMPACT 17 3 MID SIZE 18 4 FULL SIZE TRUCK 5 PICKUP 20 6 PANEL/VAN 21 7 STRAIGHT TRUCK 8 STRAIGHT TRUCK 4 STRAIGHT TRUCK 10 TRAICE 10 TRACTOR 2 21 10 TRACTOR 2 21 11 TRACTOR 2 22 22 22 22 22 22 22 22 22 22 22 22	BUS SCHOOL CHURCH PUBLIC BUS EMERGENCY POLICE VEHICLE FIRE TRUCK OTHER TAXI MOTOR HOME TRAIN FARM VEHICLE FARM EQUIPMENT SNOWMOBILE CONSTRUCTION EOL	9 PARKED 10 BACKING 11 PASSING 12 CHANGING LANES 13 MERGING/EXITING RAMP 14 OUT OF CONTROL	PEDESTRIAN ACTIONS 18 CROSSING IN X-WALK 19 CROSSING OTHER THAN X-WALK 20 WALKING IN ROAD (WITH TRAFFIC) 21 WALKING IN ROAD 23 WORKING ON ROAD 24 ENTERING OR LEAVING WEHICLE 25 PUSHING/WORKING ON YEH IN ROAD 26 OTHER IN ROAD 27 ON SIDEWALK OR SHOULDER	DRIVER ERROR 1 NONE 2 FAILURE TO YIELD 3 UNSAFE SPEED 4 FOLLOWING TOO CLOSELY OR ACDA 5 RAN RED LIGHT 6 RAN STOP OR YIELD SIGN 7 IMPROPER TURN 8 IMPROPER PASSING 9 IMPROPER LANE CHANG 10 IMPROPER START 11 IMPROPER START 12 STOPPED OR	NON-DRIVER FACTOR 19 VEHICLE DEFECTS 19 LOAD SHIFTING FALLING, SPILLING FALLING, SPILLING FALLING, SPILLING FALLING, SPILLING 12 PAVEMENT DEFECT 12 SHOULDER DEFECT 12 DEBRIS ON ROAD 12 DOWNED TRAFFIC SIGNOPEVICE 12 VISION OBSTRUCTION 12 ANIMAL ACTIONS VEHICLE DEFECTS CODE IF CONTRIBUTING			
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8. SLOW FOR CAUSE 7. START FROM PARK 8. CHANGE LANES 9. OVERTAKE	12. REMAR 13. REMAR 14. OTHER	PARKED				4. S. G. 7. B. S.	SWERVED LI SWERVED RI SHTERED L' STOPPED STARTED PI SHTERED C' OVERTAIGH	EFT IGHT TURN IOM PARK INER LAN 3	12. BAC 13. REM 14. REM 15. RAN 16. RAN 17. OTH	KED AINED STO AINED PAR OFF ROAD	KED WAY — PSC				4 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	L YIEL L RAIL L RAIL L RAIL L RAIL L ROI	D SIGN HING SI ROAD A ROAD G ROAD SI PASSING	IN (THE DVANCE NOSSEL ATES GNAL ZONE	WARNIN CXS	3 SIGN 1	2. NO C 3. ABN 4. OTH	OMTRO SPAMAL SPAMAL	CONTRO	л x.		
8. SLOW FOR CAUSE 7. START FROM PARK 8. CHANGE LANES 9. OVERTAKE	12. REMAIN	PARKED EPT.AM			1.50	4. S. G. 7. B. B. B. B. B. B. B. B. B. B. B. B. B.	SMERVED IL SMERVED RI SMERED'U' STOPPED STARTED PR SMERED O' OVERTAKIN	EFT IGHT TURN IOM PARK IMER LAN	12. BAC 13. REM 14. REM 15. RAN 16. RAN 17. OTH	KED AINED STO AINED PAR OFF ROAD	KED WAY — PSC		C7 FO		_ 10	HALL RAIL RAIL RAIL RAIL RAIL RAIL RAIL RAIL	D SIGN HING SI ROAD A ROAD G ROAD G ROAD BI *ASSING	OM (THE OWANCE NORSE) ATES GMAL ZONE	WATEN	3 SIGN 1	2. NO C 3. ABN 4. OTH	OMTRO SPAMAL SPAMAL	CONTRO	n		
B. BLOW FOR CAUSE 7. START FROM PARK 8. CHANGE LAVES 8. OVERTARE 10. PASS 1. ORE-MAY ROAD 2. ALLEY	12. REMAR 13. REMAR 14. OTHER	PARKED EPT.AM			2. 879	4. 5. 6. 7. 8. 8. 10.	SMERVED II SMERVED RI STOPPED STARTED PR SMERVED O' OVERTAKIN	EFT IGHT TURN IOM PARK IMERILANI 3	12. BAC 13. REM 14. REM 15. RAN 16. RAN 17. OTH	KED AINED STO AINED PAR OFF ROAD	KED WAY — PSC	1. FEN	JTY PO	LE	06 11, TRAI 12, SAN	L YIEL L WAS L RAIL L R	D BIGH HING SI ROAD A ROAD G ROAD BI PASSING STRUCK CHITROL RELS	OM (THE OWANCE NORSE) ATES GMAL ZONE	WATERING CKS	S SIGN	2. NO C 3. ABN 4. OTH ON FIR	OMTRO SPAMAL SPAMAL	CONTRO	<u> </u>		
B. BLOW FOR CAUSE 7. START PRODU PARK B. CHANGE LANES B. CHESTANCE 10. PABS 1. ONE-WAY ROAD 2. ALLEY 3. THO LANES 4. THREE LANES	12. REMAR 13. REMAR 14. OTHER	PARKED EPT.AM			2. 879 3. 879 4. 879	4. 5. 6. 7. 8. 9. 10. MAIGHT -	SMERVED LI SMERVED RI SMERVED PE STAPTED PE SMERVED O' OVERTAKIN - LEVEL - UPORMOR- - HILLCRES'	ETT IGHT TURN IOM PARK INER LANG ROAD CH	12. BAC 13. REM 14. REM 15. RAN 16. RAN 17. OTH	KED AINED STO AINED PAR OFF ROAD	KED WAY — PSC	1. F89	JTY PO	LE L	01 00 01 01 01 01 01 01 01 01 01 01 01 0	L YIEL L WAF L RAIL L R	D SIGN HING SI ROAD A ROAD C ROAD G ROAD BI *ASSING ONTROL RELS TORS	ON (THE DWANCE NORTH NTES GNAL ZONE BY VE	WATERING CKS WOLE OF	S SIGN	2. NO C 3. ABM 4. OTH ON FIRE	OMTRO SPAMAL SPAMAL	CONTRO	<u> </u>	UNIT	
B. SLOW FOR CALLEE 7. START PROJECT PARK B. CHANGE LAVES B. CHETTARE 10. CHE-MAY ROAD 2. ALLEY A. THOSE LAVES 4. THOSE LAVES B. FOLK OR MORE gamester	12. REMAR 13. REMAR 14. OTHER	PARKED EPT.AM		<u> </u>	2. 877 3. 877 4. 877 5. CU	4. 5. 6. 7. 8. 9. 10. 10. MAGNIT - MAGN	SMERVED LI SMERVED R SPITERED D' STARTED PR SMITERED C' OVERTAKIN LEVEL 	ETT IGHT TURN IOM PARK INER LANG ROAD CH	12. BAC 13. REM 14. REM 15. RAN 16. RAN 17. OTH	KED AINED STO AINED PAR OFF ROAD	KED WAY — PSC	1. F50 2. UTL 3. GW 4. GW 5. GW	JTY PO VID RA VID RA VID RA VID PO	LE L L DIO	01 00 01 11, TRAN 12, SAN 13, ATT1 14, PAVI 15, DITC	L YIEL L WAS L RAIL L R	D BIGH HING SI ROAD A ROAD G ROAD G PASSING STRUCK CHTROL RELS CORE CORE C	ON (THE DWANCE NORTH NTES GNAL ZONE BY VE	WARNING CKS 40CLE OF 21. BMIC 22. BMIC 23. BMIC 24. BMIC	S SIGN	2. HO C 3. ABH 4. OTH ON FIRE THERIT	PANAL FRANCE FRA	CONTRO	<u> </u>	UNIT	
B. SLOW FOR CAME 1. STANT ROBE PARK B. CHANGE LAKES B. OMETTANE 1. CHE-MAY FOAD 1. CHE-MAY FOAD 2. ALEY A. THOSE LAKES B. FOLK OR MODE paramonia B. FOLK OR MODE paramonia C. DIRPORT OR MODE PARAMONIANA C. DIRPORT OR MODE PARAMONIANA B. TORPORT OR MODE PARAMONIANA B. TORPORT OR MODE PARAMONIANA B. TORPORT OR MODE PARAMONIANA C. TORPORT OR MODE PARAMONIANA B. TORPOR	12. REMAIN 13. REMAIN 14. OTHER TYPE OF	PARKED EPT.AM	_	<u> </u>	2. 817 3. 817 4. 817 5. CUI 6. CUI 7. CUI	A. S. R. 7. R. S. S. S. S. S. S. S. S. S. S. S. S. S.	SMERNED LI SMERNED IN SMERNED IN STOPPED STATTED FF SHITSHED O' OVERTAIGH - LEVEL - UPGRADE EVEL SWERADE OWNGRADE OWNGRADE	ETT GHT TURN IOM PARK THER LAN G ROAD CH	12. BAC 13. REM 14. REM 15. RAN 16. RAN 17. OTH	KED AINED STO AINED PAR OFF ROAD	KED WAY — PSC	1. FEM 2. UTIL 3. GU/ 4. GU/ 6. GU/ 7. TRA	LITY PO VIID RA VIID RA VIID PO VIERT FFIC BI	LE IL IL (940 ST	01 10 01 11, TRAM 12, SANS 13, ATTI 14, PANE 15, DITC 16, EMB. 17, TREE	L YIEL L WAS L RAIL L R	D SIGN INING SI POAD A POAD G	ON (THE DWANCE NORTH NTES GNAL ZONE BY VE	WARNING CHS 21. SMC 22. SMC 23. SMC 24. SMC 25. SMC 26	S BIGN	2. NO C 3. ABM 4. OTH ON FAR THENT	ONTRO	TACT		UNIT	
B. SLOW FOR CAUSE 1. START PROJECT PARK B. CHANCE LAWES 1. CHE-MAY ROAD 1. CHE-MAY ROAD 2. ALLEY 3. THO LAWES 5. FOLK OR MORE glamation 6. FOLK OR MORE glamation 7. DIRMENLY 7. THERE LAWES 1. THE LAWES	12. REMAIN 13. REMAIN 14. OTHER TYPE OF	PARKED EPT.AM	-	<u> </u>	2. 817 3. 817 4. 817 5. CUI 6. CUI 7. CUI	A. S. R. 7. R. R. 10. T. R. R. R. R. R. R. R. R. R. R. R. R. R.	SMERNED LI SMERNED RI STOPPED STARTED FR SHIBBED O' OVERTAINN LEVEL - LEVEL - LPORADE - DOWNOW - PEL PORADE DOWNOW - PEL PORADE	ETT GHT TURN IOM PARK THER LAN G ROAD CH	12. BAC 13. REM 14. REM 15. RAN 16. RAN 17. OTH	KED AINED STO AINED PAR OFF ROAD	KED WAY — PSC	1. F994 2. UTIL 3. GUV 4. GUV 6. GUV	LITY PO VIID RAI VIID RAI VIID PO VIERT FFIC BI FRIER	LE IL IL (940 ST	01 00 00	I. YIEL I. WAF I. RAE I. RAE I. RAE I. RAE I. RAE I. RAE II. RAE I	D SIGN HING SI ROAD A ROAD G ROAD G ROAD G PASSING STRUCK ONTROL RELS ORG ' DROP C	ON (THE DWANCE TOBBIN ATES GMAL ZOME SIGN	21. 8NC 22. 8NC 23. 8NC 24. 8NC 25. 8NC 26. 8NC 27. 9NC	S SIGN	2. NO C 3. ABN 4. OTH CN FIRE THENT T	ONTRO	TACT		LINET	
B. SLOW FOR CAME 1. START PROPARY B. CHAMOE LANCE 1. CHE-WAY FOAD 1. CHE-WAY FOAD 2. ALEY 2. TWO LANCE 4. THISE LANCE 6. FOUR OR MORE AMERICAN 6. FOUR OR MORE AMERICAN 7. DRIVENNY 6. TURN BAY 7. CHEMING 10. ORF PAMP 10. ORF PA	12. REMAIN 13. REMAIN 14. OTHER TYPE OF	PARKED EPT.AM			2. 817 3. 817 4. 817 5. CUI 7. CUI 8. CUI 9. OTI	A. S. R. 7. R. S. S. S. S. S. S. S. S. S. S. S. S. S.	SMERNED LI SMERNED RI STOPPED STARTED FR SHIBBED O' OVERTAINN LEVEL - LEVEL - LPORADE - DOWNOW - PEL PORADE DOWNOW - PEL PORADE	ETT GHT TURN IOM PARK THER LAN G ROAD CH	12. BAC 13. REM 14. REM 15. RAN 16. RAN 17. OTH	MARIED STO ANNED PRO OFF ROAD OFF ROAD OFF ROAD OFF ROAD OFF ROAD OFF ROAD	MED WAY — PK WAY — LEI	1. FEN 2. UTIL 3. GU/ 4. GU/ 6. CU/ 7. TRA 8. BAA	JITY PO VIID RAV VIID RAV VIID PO VIERT FFIC BI FRIER WIII	LE IL IL (940 ST	OI 11. TRAI 12. AATT 14. PAVE 15. DITC 18. EMB. 17. TREE 18. OMC 19. RET/ 20. FBK	I. YIEL I. WAF I. RAIL	D SIGN MINIS SI PAGAD A PAGAD G PAGENG STRUCK ONTROL RELS ONS ONS ONO ENT ONO	ON (THE DWANCE TOBBIN ATES GMAL ZOME SIGN	WARNING CHS 21. SMC 22. SMC 23. SMC 24. SMC 25. SMC 26	S SIGN	2. NO C 3. ABN 4. OTH CN FIRE THENT T	UNIT	TACT TEACT TEACT TEACT TEACT			
8. SLOW FOR CAUSE 7. START PROJECT PRO	12. REMAIN 13. REMAIN 14. OTHER TYPE OF	PARCED BITLES ROAD UNIT			2. 817 3. 817 4. 817 5. CUI 6. CUI 7. CUI	A. S. R. 7. R. R. 10. T. R. R. R. R. R. R. R. R. R. R. R. R. R.	SMERNED LI SMERNED RI STOPPED STARTED FR SHIBBED O' OVERTAINN LEVEL - LEVEL - LPORADE - DOWNOW - PEL PORADE DOWNOW - PEL PORADE	EFT IGHT TURN IOM PARK INSE LANG ROAD CH	12. BAC 13. REM 14. REM 15. RAN 15. RAN 17. OTH	KED AINED STO AINED PAR OFF ROAD	MED WAY — PK WAY — LEI	1. FEN 2 UTIL 3. GU/ 4. GU/ 7. TRA 8. BAA 8. CU/	UTY PO VIID RA VIID RA VIID PO VIERT FFIC BI RIER BI	LE L BIO ST GMAL	OR 11, TRAN 12, SAN 12, SAN 13, ATTI 14, PAN 15, DITC 16, EMB. 17, TREE 18, OMC 19, RET/ 20, FISK	I. YIEL I. WAF I. RAIL	D SIGN HING SI ROAD A ROAD G ROAD G ROAD G PASSING STRUCK ONTROL RELS ORG ' DROP C	ON (THE DWANCE TOBBIN ATES GMAL ZOME SIGN	21. 8NC 22. 8NC 23. 8NC 24. 8NC 25. 8NC 26. 8NC 27. 9NC	S SIGN	2. NO C 3. ABN 4. OTH CN FIRE THENT T	UNIT	TACT			
A. SLOW FOR CAUSE 1. START PROJECT PARK 6. CHANGE LAWES 1. ORE-MAY ROAD 2. ALLEY 2. THO LAWES 5. FOUR OR MORE planneds 6. FOUR OR MORE planneds 6. FOUR OR MORE planneds 7. DRIVENING 8. THOSE LAWES 10. CHANGE 11. COMPANS 12. OPPRISE 11. COMPANS 12. CHANGE 13. CHANGE 14. CHANGE 15. CHANGE 16. CHANGE 16. CHANGE 17. CLEAR	12. REMAIN 13. REMAIN 14. OTHER TYPE OF	PARCED SPLAN ROAD UNIT	THEOREM		2. 817 3. 817 4. 817 5. CUI 7. CUI 8. CUI 9. OTI	A. S. R. 7. R. R. 10. T. R. R. R. R. R. R. R. R. R. R. R. R. R.	SMERNED LI SMERNED RI STOPPED STARTED FR SHIBBED O' OVERTAINN LEVEL - LEVEL - LPORADE - DOWNOW - PEL PORADE DOWNOW - PEL PORADE	EFY GHT TURN OM PARK PRESI LANG B ROAD CH	12. BAC 13. REM 14. REM 15. RAN 16. RAN 17. OTH	MARIED STO ANNED PRO OFF ROAD OFF ROAD OFF ROAD OFF ROAD OFF ROAD OFF ROAD	MED WAY — PK WAY — LEI	1. FEN 2 UTIL 3. GU/ 4. GU/ 7. TRA 8. BAA 8. CU/	UTY PO MID RA MID RA MID PO MERT FFIC SI RIER SI MID	ILE IL IL END IST GHAL	OR 11, TRAN 12, SAN 12, SAN 13, ATTI 14, PAN 15, DITC 16, EMB. 17, TREE 18, OMC 19, RET/ 20, FISK	I. YIEL I. WAF I. RAIL	D SIGN MINIS SI PAGAD A PAGAD G PAGENG STRUCK ONTROL RELS ONS ONS ONO ENT ONO	ON (THE DWANCE TOBBIN ATES GMAL ZOME SIGN	21. 8NC 22. 8NC 23. 8NC 24. 8NC 25. 8NC 26. 8NC 27. 9NC	T LOAD T LOAD T LOAD T LOAD T LOAD T LOAD T LOAD T LOAD T LOAD T LOAD T LOAD T LOAD T LOAD T LOAD T LOAD T LOAD	2. NO C 3. ABM 4. OTH ON FIR THISHT F 88 SWITTHU WAY ST	UNIT	TACT TEACT TEACT TEACT TEACT			
A. SLOW FOR CAUSE 7. START PROPARIE 8. CHANGE LAWES 1. CHE-WAY ROAD 1. CHE-WAY ROAD 2. ALLEY 3. TWO LAWES 4. THIRE LAWES 5. FOLK OR MORE JAMPSON 6. FOLK OR MORE JAMPSON 7. DIRPEMAY 8. CHANGE JAMPSON 10. CHE RAMP 10. CHE RAMP 11. CLEAR 2. FOLK 12. COLORS WEATHER 13. CLEAR 2. COLORS PRESENT	12. REMAIN 13. REMAIN 14. OTHER TYPE OF	PARKED EPLAN ROAD LINIT	WYLIGHT APROXES GHTED		2. 817 3. 817 4. 817 5. CUI 7. CUI 8. CUI 9. OTI	A. S. R. 7. R. R. 10. T. R. R. R. R. R. R. R. R. R. R. R. R. R.	SMERNED LI SMERNED RI STOPPED STARTED FR SHIBBED O' OVERTAINN LEVEL - LEVEL - LPORADE - DOWNOW - PEL PORADE DOWNOW - PEL PORADE	EFT IGHT TURN IOM PARK INSE LANG ROAD CH	12. BAC 13. REM 14. REM 15. RAN 16. RAN 17. OTH	MARIED STO ANNED PRO OFF ROAD OFF ROAD OFF ROAD OFF ROAD OFF ROAD OFF ROAD	MED WAY — PK WAY — LEI	1. FEN 2 UTIL 3. GU/ 4. GU/ 7. TRA 8. BAA 8. CU/	UTY PO VAD RAI VAD PO VERT FFIC SII RIERI III VAD	ILE IL END ST GNAL CONCRET	OR 11, TRAN 12, SAN 12, SAN 13, ATTI 14, PAN 15, DITC 16, EMB. 17, TREE 18, OMC 19, RET/ 20, FISK	I. YIEL I. WAF I. RAIL	D SIGN MINIS SI PAGAD A PAGAD G PAGENG STRUCK ONTROL RELS ONS ONS ONO ENT ONO	ON (THE DWANCE TOBBIN ATES GMAL ZOME SIGN	21. 8NC 22. 8NC 23. 8NC 24. 8NC 25. 8NC 26. 8NC 27. 9NC	G BIGN	2. NO C 3. ABM 4. OTH ON PRI TUENT F 88 SPISTRU WAY ST VET	UNIT	TACT TEACT TEACT TEACT TEACT			
A. SLOW FOR CAME 1. START PROPARE 1. ORE-WAY ROAD 1. ORE-WAY ROAD 2. ALLEY 2. TWO LAKES 4. THISE LAKES 6. FOUR OR MODE (AMOREMAN) 6. FOUR OR MODE (AMOREMAN) 6. TOUR OR MODE (AMOREMAN) 6. TOUR OR MODE (AMOREMAN) 10. ORE RAME 10. ORE RAME 11. CLEAR 2. FOO 3. CLUDE PRESENT	12. REMAIN 13. REMAIN 14. OTHER TYPE OF	PARKED EFLAN ROAD 1.0 2.0 3.0 4.0	APRONESS IGHTED ANN		2. 817 3. 817 4. 817 5. CUI 7. CUI 8. CUI 9. OTI	A. S. R. 7. R. R. 10. T. R. R. R. R. R. R. R. R. R. R. R. R. R.	SMERNED LI SMERNED RI STOPPED STARTED FR SHIBBED O' OVERTAINN LEVEL - LEVEL - LPORADE - DOWNOW - PEL PORADE DOWNOW - PEL PORADE	PFY GHT TURN GOM PARK LAND GOM	12. BAC 13. REM 14. REM 15. RAN 11. OTH 17. OTH MACTER	MARIED STO ANNED PRO OFF ROAD OFF ROAD OFF ROAD OFF ROAD OFF ROAD OFF ROAD	MED WAY — PK WAY — LEI	1. FEN 2 UTIL 3. GU/ 4. GU/ 7. TRA 8. BAA 8. CU/	UTY PO VID RA VID RA VID PO VISIT FFIC SI RIER VID 2. /	ILE IL BIO ST GHAL CONCRET AMPHALT GRAVEL	OR 11, TRAN 12, SAN 12, SAN 13, ATTI 14, PAN 15, DITC 16, EMB. 17, TREE 18, OMC 19, RET/ 20, FISK	I. YIEL I. WAF I. RAIL	D SIGN MINIS SI PAGAD A PAGAD G PAGENG STRUCK ONTROL RELS ONS ONS ONO ENT ONO	ON (THE DWANCE TOBBIN ATES GMAL ZOME SIGN	21. 8NC 22. 8NC 23. 8NC 24. 8NC 25. 8NC 26. 8NC 27. 9NC	R LOAD THE L	2. NO C 3. ABM 4. OTH TO B B B B B B B B B B B B B B B B B B	UNIT	TACT TEACT TEACT TEACT TEACT			
A. BLOW FOR CAUSE 1. START PROPARE 1. CHE-MINY ROAD 1. CHE-MINY ROAD 2. ALLEY 2. THE LANGE 4. FOUR LANGE 5. FOUR OR MORE purcease 5. FOUR OR MORE purcease 5. FOUR OR MORE purcease 7. CHEVERNY 8. TURN BAY 11. CHE PARS 12. CHEVER 12. CHEVER 13. CHEVER 14. CHEVER 15. CLEAR 2. FOUR 16. CLEAR 2. FOUR 17. CLEAR 2. FOUR 18. CLEAR 2. FOUR 18. CLEAR 2. FOUR 19. CLEAR 2. FOUR 19. CLEAR 2. FOUR 10. CLEAR 2. FOUR 10. CLEAR 2. FOUR 10. CLEAR 2. FOUR 10. CLEAR 2. FOUR 10. CLEAR 2. FOUR 10. CLEAR 2. FOUR 10. CLEAR 2. FOUR 10. CLEAR 2. FOUR 10. CLEAR 2. FOUR 10. CLEAR 2. FOUR 10. CLEAR 10. CLEAR 2. FOUR 10. CLEAR	12. REMAIN 13. REMAIN 14. OTHER TYPE OF	PARCED BOLLOW ROAD 1. 0 2. 0 3. 0 6. 0	APROVEDS IGHTED AWN USK		2. 817 3. 817 4. 817 5. CUI 7. CUI 8. CUI 9. OTI	A. S. R. 7. R. R. 10. T. R. R. R. R. R. R. R. R. R. R. R. R. R.	SMERNED LI SMERNED RI STOPPED STARTED FR SHIBBED O' OVERTAINN LEVEL - LEVEL - LPORADE - DOWNOW - PEL PORADE DOWNOW - PEL PORADE	FFT CHARLES AND CH	12. SAC 13. REM 14. REM 15. RAM 17. OTH ARACTER DENTIAL NESS STEAL SULT UP	MARIED STO ANNED PRO OFF ROAD OFF ROAD OFF ROAD OFF ROAD OFF ROAD OFF ROAD	MED WAY — PK WAY — LEI	1. FEN 2 UTIL 3. GU/ 4. GU/ 7. TRA 8. BAA 8. CU/	UTY PO VID RA VID RA VID PO VIERT FFIC BI VID 11, (1)	ILE IL END ET GHAL CONCRET SPAYEL DIRT	OR 11, TRAN 12, SAN 12, SAN 13, ATTI 14, PAN 15, DITC 16, EMB. 17, TREE 18, OMC 19, RET/ 20, FISK	I. YIEL I. WAF I. RAIL	D SIGN MINIS SI PAGAD A PAGAD G PAGENG STRUCK ONTROL RELS ONS ONS ONO ENT ONO	ON (THE DWANCE TOBBIN ATES GMAL ZOME SIGN	21. 8NC 22. 8NC 23. 8NC 24. 8NC 25. 8NC 26. 8NC 27. 9NC	T LOAD T LOAD TO LOAD	2. NO C 3. ABM 4. OTH ON PRI THENT T BB CHETRU WAY ST WET CE NOW RUGOY	UNIT	TACT TEACT TEACT TEACT TEACT			
A. BLOW FOR CAUSE 1. START PROPARIE 8. CHANGE LANGE 10. PASS 11. CINE-WAY ROAD 1. CINE-WAY ROAD 1. CINE-WAY ROAD 2. ALLEY 3. TWO LANGE 6. FOLK OR MORE generates 6. FOLK OR MORE generates 7. DEPREMAY 8. CHANGE AND THE START OF T	12. REMAIN 13. REMAIN 14. OTHER TYPE OF	1. 0 2. 0 3. 0 4. 0 6. 0	APROVESS IGHTED AWAN USK THERR		2. 817 3. 817 4. 817 5. CUI 7. CUI 8. CUI 9. OTI	A. S. R. 7. R. R. 10. T. R. R. R. R. R. R. R. R. R. R. R. R. R.	SMERNED LI SMERNED RI STOPPED STARTED FR SHIBBED O' OVERTAINN LEVEL - LEVEL - LPORADE - DOWNOW - PEL PORADE DOWNOW - PEL PORADE	FFT CHARLES AND CH	12. BAC 13. REM 14. REM 15. RAN 11. OTH 17. OTH MACTER	MARIED STO ANNED PRO OFF ROAD OFF ROAD OFF ROAD OFF ROAD OFF ROAD OFF ROAD	MED WAY — PK WAY — LEI	1. FEN 2 UTIL 3. GU/ 4. GU/ 7. TRA 8. BAA 8. CU/	UTY PO VID RA VID RA VID PO VIERT FFIC BI VID 11, (1)	ILE IL END OT CONCRET AMPHALT SPAYEL	OR 11, TRAN 12, SAN 12, SAN 13, ATTI 14, PAN 15, DITC 16, EMB. 17, TREE 18, OMC 19, RET/ 20, FISK	I. YIEL I. WAF I. RAIL	D SIGN MINIS SI PAGAD A PAGAD G PAGENG STRUCK ONTROL RELS ONS ONS ONO ENT ONO	ON (THE DWANCE TOBBIN ATES GMAL ZOME SIGN	21. 8NC 22. 8NC 23. 8NC 24. 8NC 25. 8NC 26. 8NC 27. 9NC	T LOAD T LOAD TO LOAD	2. NO C 3. ABNI 3. ABNI 4. OTH ON PRI TMBHT T BB ENETFILL WAY ST ECE NOW RUDDY	UNIT	TACT TEACT TEACT TEACT			
A. BLOW FOR CAUSE 1. START PROPARIE 8. CHANGE LANGE 10. PASS 11. CINE-WAY ROAD 1. CINE-WAY ROAD 1. CINE-WAY ROAD 2. ALLEY 3. TWO LANGE 6. FOLK OR MORE generates 6. FOLK OR MORE generates 7. DEPREMAY 8. CHANGE AND THE START OF T	12. REMAIN 13. REMAIN 14. OTHER TYPE OF	1. 0 2. 0 3. 0 4. 0	APROVESS IGHTED AWAN USK THERR		2. 817 3. 817 4. 817 5. CUI 7. CUI 8. CUI 9. OTI	4. S. G. 7. G. S. G. 7. G. S.	SWENNED LI SWENNED LY STOPPED LY STOPPED STARTED PI SHITSHED O' OVERTAKEN LEVEL LEVEL LY DEMONS SWEL SWENDANDE SWEL SWENDANDE SWEL SWENDANDE SWEL SWENDANDE SWEL SWENDANDE SWEL SWENDANDE	PT (OH) TURN IOM PARK INTO TURN IOM PARK INTO THE IOM INT	12. BAC 13. REM 14. REM 15. RAN 16. RAN 17. OTH ARACTER DENTIAL NESS STREAL DOLL TUP	MARIED STO ANNED PRO OFF ROAD OFF ROAD OFF ROAD OFF ROAD OFF ROAD OFF ROAD	IVED WAY - RICK	1. FEN 2 UTIL 3. GU/ 4. GU/ 7. TRA 8. BAA 8. CU/	UTY PO VID RA VID RA VID PO VIERT FFIC BI VID 11, (1)	ILE IL END OT CONCRET AMPHALT SPAYEL	11. TRAME 12. SM 16 11 12. SM 16 11 12. SM 16 11 12. SM 17 14. PAN 17 15. DITC 18. DITC 19. TRAME 19. PETA 19.	L YIEL L WAY L RAIL L R	D SIGN IN INTERPRETATION OF THE INTERPRETATI	ON CHIEF	WARNESS SIZE OF STATE	T LOAD T LOAD TO LOAD	2. NO CO. S. ABNI A. OTHE THENT THEN	UNIT	TACT TEACT TEACT TEACT	OHOMO O		
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ισc	AL CASE !	10			LOCAL	CODES	c			E	F	G н			J	PAGE	○F
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OVERLAY 1

1 PRST HARMFUL EVENT MONCOLLISION	80 SIDESLOPE EARTH	01 CLEAR	7 SURFACE CONDITION 01 DRY	9 TRAFFIC CONTROL DEVICE
01 OVERTURN	61 BUILDING	@ CLOUDY (OVERCAST)	OZ WET	80 NO MALFUNCTION
62 FIRE/EXPLOSION	62 FENCE (NOT MEDIAN) 63 MAILBOX	SO RAN	0 SHOWY	81 KNOCKED DOWNMANSSING
CO MANERSION	84 SOULDENMOCK	S SLEET HALL ETC	OH ICY	OR TURNED FROM PROPER POSITION
M GAS INHALATION	65 DITCH	65 FOG. 8MOG	SS SUSW	00 OBSCURED BY PARKED VEHICLE
05 OTHER HONCOLLISION	84 OVERHEAD STRUCTURE	67 SMOKE	97 DEBRIS	84 OBSCURED BY OTHER SIGHS
COLUSION WITH	UNDERPASS TUNNEL	60 BLOWING SAND, DIRT, ETC	00 OTHERADICHOWN	65 CRECURED BY VEGETATION
10 PEDESTRIAN	69 OTHER FIXED OBJECT (EXPLAIN)	00 SEVERE CROSSWIND		65 LIGHTS MALFUNCTION 67 LIGHTS STUCK / NO CHANGE
MOTOR VEHICLE IN	OTHER PLOT PUED) OBJECT	10 OTHERARIOUNI		60 GATES HOPERATIVE
TRANSPORT	91 ANNAL 82 THROWNFALLING COLIECT			OD GATE ARM MISSING
21 HEAD ON	83 FOREIGN MATTER IN ROADWAY		•	10 OTHER RR CONTRIBUTING
22 REAR END	98 OTHER OBJECT (EXPLAND	į –		MALFUNCTION
23 ANGLE	80 LINGSHOWN (EXPLAIN)			11 OTHER IMPAIRMENT
24 SIDESWIPE		4 LIGHT CONDITION	-	99 UNIONNI
HAVONIN TON REMINAN 65	1	01 FULL DAYLIGHT	+	
39 PARKED MOTOR VEHICLE	ŧ	62 DAMM	1	
40 RAILWAY TRAIN		60 DUSK	1	
SO FEDAL (BI)CYCLIST		94 - DARK — LIGHTED WAY	1	
FIXED OBJECT	1	05 DARK - NOT LIGHTED	i	
61 HIGHWAY GUARDRAIL	2 HARMFUL EVENT LOCATION	a numonomi	1	
EZ IMPACT ABSORBER	ON ROADWAY		→	
ED UTILITY POLE	11 NON-INTERSECTION	₹		10 ROAD CHARACTER
64 LIGHT STANDARD	12 INTERSECTION			01 STRAIGHT AND LEVEL
IS TREE	13 INTERSECTION RELATED	<u> </u>	8 TRAFFIC CONTROL DEVICE TYPE	62 STRAIGHT WITH GRADE
S FIRE HYDRANT	14 ORIVEWAY ACCESS		00 HONE	69 CURVED AND LEVEL
FF PIER OR COLUMN	15 RITERCHANGE AREA	\$ CONSTRUCTION/MAINTENANCE ZONE	01 OFFICER OR CROSSING GUARD OR FLAGGER	04 CURVED WITH GRADE
M OVERHEAD SIGN POST	16 RAILPOAD CROSSING	00 HONE 01 CONSTRUCTION ZONE	02 TRAFFIC SIGNAL WITH PEDESTRIAN	
TO HIGHWAY SIGN	17 BRICGE	07 MAINTENANCE ZONE	CONTROL	
TRAFFIC SIGNAL POST	16 TUNNEL	63 CONSTRUCTION OR MAINTENANCE	GO TRAFFIC SIGNAL	
Z BARRICADE	19 OTHER ON-ROAD AREA OFF ROADWAY		OF FLASHING BEACON	
3 BRIDGE, OVERPASS, OR	21 BHOLLOGO		05 STOP SIGN	
BRIDGE RAILING	22 TURNOUT	1	06 YELD SIGN	
4 CULVERT HEADWALL	23 ROADSIDE	ł	07 MR CROSSING GATES	
5 CURBING	24 BEYOND RIGHT OF WAY	l	08 RA CROSSING FLASHING	11 ROADWAY FLOW
RETAINING WALL	30 MEDIAN	4 SURFACE TYPE	SIGNALS 00 RA CROSSING WITH CROSSBUCKS	01 DIVIDED MEDIAN-UNPAVED
7 DIVIDER (CONCRETE OR	40 DRIVEWAY	01 CONCRETE	PAVEMENT MARKINGS	02 ON/DED MEDIAN-PHYSICAL GARRIER
STEEL)	SO PRIVATE DRIVE	62 BLACKTOPIASPHALT	10 LANE CONTROLLINES STRIPES	63 DIVIDED MEDIANI-PAVED
SIDESLOPE ROCK OR	60 RALROAD CROSSING 80 OTHER OFF ROADWAY	03 GRAVEL	DEVICES	64 DIVIDED MEDIAN-CONTINUOUS
STONE	SO CHRONOWN	84 DIRT	11 OTHER REGULATORY SIGN	CEFT TURN 66 NOT PHYSICALLY DIVIDED
		E 05 OTHER	10 UNKUKOWN	M MULTIPOCALLY DIVIDED

12	PEDESTRIAN TYPE
01	PEDESTRIAN (PERSON AFOOT)
œ	PEDALCYCLISTANCYCLIST
83	AMMAL RIDER
04	RIDER OF AHRIAL-DRAWN VEHICLE
00	OTHER (EXPLANG
00	UNKNOWN

		PEDESTRUM ACTION
	2	ENTERING/CROSSING ROAD
i	65	
	80	WALK/RIDE AGAINST TRAFFIC
ļ	•	APPROACHLEAVE VEHICLE
1	85	WORKING DIVPUSHING VEHICLE
1	œ	OTHER WORKING
ı	67	PLAYING
i	00	STANDING
	00	LYING DOWN
	19	STEPPING ON OR OFF VEHICLE
1	11	STEPPING ON OR OFF SCHOOL BUS
ı	12	APPROACHING OR LEAVING SCHOOL BUS
1	*	OTHER (EXPLAND
ı	-	(Management

14	PEDESTRIAN VIBIOLITY
8	CLOTHING NOT CONTRASTED WITH
	BACKGROUND
Q1	CLOTHING DID CONTRAST WITH
	BACKGROUND
œ	REFLECTIVE MATERIAL OR OBJECT WORK
	OR HELD
83	OTHER LIGHT SOURCE
	UNECKOWN

COUNTY CODES

21	PEDESTRIAN LOCATIONS
20	IN ROADWAY HO CROSSWALK BIKEWAY
21	IN AVAILABLE CROSSWALK BIKEWAY
22	NOT IN AVAILABLE CROSSWALK BIKEWAY
30	IN INTERSECTION NO CROSSWALK BIKEWAY
31	IN AVAILABLE CROSSWALK BIKEWAY
×	NOT IN AVAILABLE CROSSWALK BIKEWAY
*	NOT IN ROADWAY NO SPECIAL LOCATION
41	ON A SIDEWALK
42	ON BIKEWAY
43	ON MEDIAN
	OTHER (EXPLANT
•	LINGUICHIN

16 TRUCK COMPOUNATION		
•	TRUCK	
ez	SCH-TRALER	
8	TRUCKITRALER	
	DOUBLES	
	THE PERSON NAMED IN COLUMN 1	

8	HONE
01	SEMTRALER
œ	POLE TRALER
83	FULL TRALER
04	MOBILE HOME
65	UTILITY TRALER
•	CAMPERITRAVEL TRALER
67	BOAT TRAILER
08	FARM EQUIPMENT
00	HORSE TRAKER
10	TOWED AUTO
	OTHERUNIONOMI

735-47 (1-87)

15 VENICLE BOVEMENT 01 STRAIGHT ANEAD 02 TUNNING RIGHT 04 MAIGHG U TURN 05 BITERING TRAFFIC LANE 06 CHANGING TRAFFIC LANE 07 OVERTAIGHG 08 CHANGING LANES 08 AVOIDING MANELVER 10 MERGING 11 PARGING 12 BACKING 13 STOPPED IN TRAFFIC 14 STOPPED AWAITING LEFT TURN 15 PARGED 00 OTHER (ELF)LANG

16 ALCOHOL BYOLVEMENT (FOR STATISTICAL USE ONLY)
1 (©) - PRELIMINARY BREATH TEST
20 (©) - OTHER EVIDENTIARY TEST
30 (©) - OTHER EVIDENTIARY TEST
40 (©) - OTHER EVIDENTIARY
50 OTHER EVIDENTIARY
50 OTHER EVIDENTIARY
50 OTHER EVIDENTIARY TEST
50 (©) - PRISIDAL COORDINATION TEST
50 (©) - PRISIDAL COORDINATION TEST
51 (©) - OTHER EVIDENTIARY
52 USED OTHER EVIDENTIARY
53 USED OTHER EVIDENTIARY
54 USED OTHER EVIDENTIARY
55 USED OTHER EVIDENTIARY
56 USED OTHER EVIDENTIARY
57 USED OTHER EVIDENTIARY
58 USED OTHER EVIDENTIARY
59 USED OTHER EVIDENTIARY
59 USED OTHER EVIDENTIARY

- 19 BLOOD ALCOHOL CONCENTRATION (BAC)
 RESULTS AND DATA
 IN RESULTS OF TEST (USE THE 2 NUMERALS
 POLLOWING THE DECIMAL POINT)
 80 NO TEST GIVEN
 91 TESTED FOR DRUGS (NOT ALCOHOL)
 92 TEST REPUSED
 93 TEST GIVEN BUT SAMPLE WAS UNUSABLE
 97 TEST OWEN BUT RESULTS NOT YET
- DRYPER LICENSE VIOLATION

 ON DO VIOLATION OF LICENSE TYPE OR RESTRICTIONS

 INSTRUCTION PERMIT VIOLATION

 VIOLATED RESTRICTION STATED ON LICENSE

 DIPHED LICENSE

 LICENSE FOR OTHER TYPE OF VEHICLE

 LICENSE SUSPENDERMEVOKED

 LINUICENSED
- 21 BEAT (OR LOCATION)

 31 DRIVER (OR MOTORCYCLE OPERATOR)

 32 CENTER FRONT

 33 RIGHT FRONT

 34 LEFT REAR (OR MOTORCYCLE PASSENGER)

 35 CENTER REAR

 36 CENTER REAR

 37 OTHER SEAT POSITION IN VEHICLE

 (OR 2HO MOTORCYCLE PASSENGER)

 38 ANY POSITION ON OR OUTSIDE OF VEHICLE INCLUDING

 38 TRUCK BED

 39 LINGUISM LOCATION IN OR ON VEHICLE

 (PREPLACE LEADING ZERO WITH "1" IF PASSENGER IS IN SAME

 SEAT OR ON LIP OF ANOTHER: 0.8, 11 —CHILD OR OTHER PERSON

 ON DRIVER'S LIP

22 BAPETY EQUIPMENT USE ON NOTE INSTALLED ON NOTE INSTALLED 11 NO SAFETY EQUIPMENT USED 12 LAP BELT ORLY USED 13 BHOULDER HANNESS ORLY USED 14 HELMET ORLY 15 EVE PROTECTION ORLY USED 16 MOTORCYCLE HELMET AND EYE PROTECTION USED 21 CHILDYOUTH RESTR USED PROPERLY 22 CHILDYOUTH RESTR USED MINROPERLY 23 AR BAG INSTALLED — DEPLOYED 24 AR BAG INSTALLED — HOT DEPLOYED 25 UNIONOMY

23	EJECTION
80	NOT EJECTED AND NOT TRAPPED
01	TOTAL EJECTION
œ	PARTIAL EJECTION
63	EJECTED (NO DETAIL)
04	EXTRICATION EQUIPMENT USED
00	UNICHONN

24	BUJURY CLASS
8	NO INJURY
0 1	POSSIBLE INJURY
62	NON-INCAPACITATING INJURY
œ	INCAPACITATING BULLIRY
04	FATAL

ĸ	ACCIDENT SITE CARE
8	NONE GIVEN
61	BYSTAHDERWITHESS
62	OTHER ACCIDENT VICTIM
83	POLICE OFFICER
ĕ	ENTIAMBULANCE PERSONNEL
65	TRAINED NURSE
OS.	DOCTOR

CONTRIBUTING CIRCUMSTANCES (MARK ALL THAT APPLY)

	w	MUNIC.
i	01	UNDER THE INFLUENCE OF DRUGS
	₩	UNDER THE INFLUENCE OF ALCOHOL
	83	FAILED TO YIELD RIGHT OF WAY
ı	04	DISREGARDED TRAFFIC CONTROL DEVICES
ı	05	TOO FAST FOR CONDITIONS
ı	œ	MADE IMPROPER TURN
ı	67	WRONG SIDE OR WRONG WAY
ı	œ	FOLLOWED TOO CLOSELY
1	00	IMPROPER LANE CHANGE
ı	10	IMPROPER BACKING OPERATION
	11	MPROPER PASSING
1	12	IMPROPER SIGNAL
ļ	13	BAPROPER PARKING
Į	14	FELL ASLEEP, FAINTED, ETC
1	15	DID NOT COMPLY WITH LICENSE RESTRICTIONS
	-	OTHER

26 DRIVER

27	PASSENGER
8	NONE
01	UNDER THE INFLUENCE OF DRUGS
62	UNDER THE INFLUENCE OF ALCOHOL
63	INTERFERED WITH DRIVER
**	OTHER (EXPLAN)

26	PEDESTRIAN/PEDALCYCLIST
00	NONE
01	UNDER THE INFLUENCE OF DRUGS
02	UNDER THE INFLUENCE OF ALCOHOL
03	FAILED TO YIELD RIGHT OF WAY
04	DISREGARDED TRAFFIC CONTROL
05	ILLEGALLY IN ROADWAY
0 6	BICYCLE VIOLATION
07	CLOTHING NOT VISIBIE
99	OTHER

	VEHICLE
90	NONE
01	BRAKES
02	STEERING
63	POWER PLANT
04	SUSPENSION
05	TIRES
06	EXHAUST
07	LIGHTS
00	SIGNALS
09	WHOOWSWINDSHIELD
10	RESTRAINT SYSTEMS
11	WHEELS
12	TRUCK COUPLING
13	CARGO
99	OTHER .

30	MOAD
80	NONE
0١	WET
02	CY
ထ	SLUSHY
04	DEBRIS
05	RUTS HOLES BUMPS
06	WORN TRAVEL POLISHED SURFACE
07	POAD UNDER CONSTRUCTION OR MAINTENANCE
08	OBSTRUCTION
09	TRAFFIC CONTROL DEVICE INOPERATIVE
10	SHOULDERS LOW SOFT OR HIGH
99	OTHER " "

31	ENVIRONMENTAISIBILITY
8	NONE
01	SMOG SMOKE
05	SLEET HAIL
03	BLOWING SAND, SOIL DIRT
04	SEVERE CROSSWINDS
05	RAIN SNOW
06	SIGN OBSTRUCTED VIEW
07	VEGETATION OBSTRUCTED VIEW
04	SHOW BANK OBSTRUCTED VIEW
09	MILL OBSTRUCTED VIEW
10	BUILDING OBSTRUCTED VIEW
11	CURVE IN ROAD OBSTRUCTED VIEW
99	OTHER .

		Р	OLICE	TR	UCK/B	US AC	CID	FNT	RED	OB.	Г		
DMV ID	NO.]	Do not com	plete thi	s form unless	: One or mo	re qualify	LINI ∕ing vehic	les was in	volved.	PAGE	OF	
-	ACCIDENT DATE	1	OCIDENT TIME		ROAD ON WHICH A	CCIDENT OCCUP	RED			·	MILE POS		T
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PUC/VE	HICLE PLATE NUMBER [1_	11 1	1 1	1 1 1	ADDRESS (ST	EET OR PO	BOX NUMBE	(R)			33	SRF TYPE
!	_	STATE	CLE WEIGHT R	PLATE NU	MBER								6
Tru	ck, Tractor or Bu		بالمالة المالة			CITY							SRF COND
Trai	iler or Trailers To	tal	ـــــا			STATE			ZIP CO	DE			7
Tota	al number of Axie	es (Incl	uding Trailer:	s) (146)	20 M	-	· -	IDC+===					TCD TYPE
VEHIC	CLE CONFIGURATIO	ж]16 CAF	RGO BODY	TYPE 17	US DOT	1	IDENTIFK	CATION NUL	1	None = (0 🕶 📗	-
			ATERIAL INVO			STATE	ST	ATE NUMBI		MC	+++	++-	TCD COND
Did v	ehide have a HAZAI es," enter name (RDOUS N	MATERIAL plac	ard? 1. Ye	es 2. No			DRIVE	INFORM/	ATION.		==	•
plac	es, enter name of ard diamond or b	or 4 algi xx (CO	it number tro DE # 32).	[™] ∟		NAME (LAST -			HAPORIVI.	ATION	Α		ROCHAR
Ente	er 1 Digit Number	from b	ottom of dian	nond									10
Was	hazardous material r	released 1	from this vehicle	? 1. Yes	2. No	DRIVER LICEN	SE NÚMBER		CLASS	s	TATE OF ISS	ÚÉ	RD FLOW
	(CODE #1) SEC		_		HICLE	DATE OF BIRT							11
EV	ent #1 Ev	ent #2	Even	t #3	Event #4		HTMC	للل	DAY 🛶	<u> </u>	YEAR #	<u> </u>	Sindrit
VEHICLI	E TAKEN TO		<u>' </u>	BY		DRIVER TAKEN		T DRIVER	CONDITION		26		
INC. IOA	NCE COMPANY NAME					OTHER PAREN				BY			FIRE
INSURA	NCE COMPANY NAME					POLICY NUMBE	R			ACTI	ON TAKEN		1
PED T		PED VIS	DESIG SPEED	STATED					OCATION	EQUIP	EJECTION	INJURY	CARE
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*0000							LOCALID	NO.	SEX	RACE	DATE OF B	IRTH	
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OFFICER	NAME				NUMBER		AGENCY	PREC/DIV	REUSHFT	ASSN/DIS	E 23	24 SUPERVISO	25 R
725.00	7/0 041												
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Truck, Tractor or Bus Trailer or Trailers Total Truck, Tractor or Bus Trailer or Trailers Total Trailer or Trailer Trailers Trailer or Trailers Trailer or Trailers Trailer or Trailers Trailer or Trailers Trailer or Trailers Trailer or Trailers Trailer or Trailers Trailer or Trailers Trailer or Trailers Trailer or Trailers Trailer or Trailers Trailer or Trailer Trailers Trailer or Trailer or Trailer Trailer or Trailers Trailer or Trailers Trailer or Trailers Tra	OCAL CASE NU	MBER			LOCAL	CODES		Ť			1				PAGE	OF
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PROTECTION OF THE PROPERTY NAMES AND STATE OF PROPERTY NAMES AND STATE OF S					NIVIATIO	Л В		NAMI			Annie	IT INT OTHER	. 110.1			2
RATE MANGER STATE GROSS VERICLE WISHER ATTING TOUGH, Tractor of Bus Truck, Tractor of Bus Truck, Tractor of Bus Truck, Tractor of Bus Tracer of Trailers Total Total number of Axies (including Trailers) WENGLE CONFIGURATION IS CARGO BOOT TYPE IT US DOT HAZARDOUS MATERIAL PISCARD'S 1-Yes 2. No BY 1-Yes, "enter name or 4 digit number from IN 1-Yes, "enter name or 4 digit numbe	VEHICLE IDENTI	IFICATION N	UMBER (VII	v)				ADDR	ESS (STRE	ET OR PO E	OX NUMB	ER)			33	SRF TYPE
Truck, Trader or Bus Trailer or Trailers Total Trailer Total Trailer or Trailers Total Trailer or Trailers Total Trailer Trailer Total Trailer Trailer Trailer Total Trailer Trailer Trailer Trailer Total Trailer Trail	PUC / VEHICLE PLAT						ER	ᄀᆫ								'
Trailer or Trailers Total Total number of Axides (Including Trailers) Total number of Axides (Including Trailers) Total number of Axides (Including Trailer	Truck Trac			ICLE W	EIGHT RA	ATING		CITY								SRF COND
NEXABODUS MATERIAL INVOLVEMENT NEXABODUS MATERIAL PICOL SEASON NOT STATE NEXABODUS MATERIAL PICOL SEASON If "Yee," enter name or 4 digit number from placated diamond or box (CODE # 32). If "Yee," enter name or 4 digit number from both or diamond Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which is the following from								STAT	E			ZIP COD	E			'
NEXABODUS MATERIAL INVOLVEMENT NEXABODUS MATERIAL PICOL SEASON NOT STATE NEXABODUS MATERIAL PICOL SEASON If "Yee," enter name or 4 digit number from placated diamond or box (CODE # 32). If "Yee," enter name or 4 digit number from both or diamond Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which? 1. Yes 2. No Was hazardous material released from this which is the following from	Total numb	oer of Axi	les (Incl	uding	Trailers)		-					2520	None 6		TCD TYPE
NAZARDOUS MATERIAL INVOLVEMENT Did vehicle have a HAZARDOUS MATERIAL INVOLVEMENT If "Yes," enter name or 4 digit member from placard diamond or box (CODE # 32). If "Yes," enter name or 4 digit member from placard diamond or box (CODE # 32). NAME EXST. FRET. HIDDLE FRETENT 1 Digit Number from bottom of diamond Was hazardous material released from this vehicle? 1, Yes 2, No GOODE #1) SEQUENCE OF EVENTS FOR THIS VEHICLE Event #2 Event #4 APPARENT DRIVER CONDITION 29 EVENT #3 Event #4 APPARENT DRIVER CONDITION 29 EVENT #4 APPARENT DRIVER CONDITION 29 FREE EVENT #4 APPARENT DRIVER CONDITION 29 FREE FREE TO NAME AND TO BY VEHICLE DAMAGE VEHICLE DAMAGE SKIDMARKS TO IMPACT FEET DISTANCE AFTER IMPACT FEET D	VEHICLE CO	NFIGURAT	10N	16	CARC	SO BODY TY	PE		1	1.1	IDENIII-	1 1		NOTICE = U	'₹누	•
H "Yes," enter name or 4 digit number from placard diamond or box (CODE # 32). Enter 1 Digit Number from bottom of diamond Was hazardous insterial released from this vehicle? 1. Yes 2. No GODE #1) SEQUENCE OF EVENTS FOR THIS VEHICLE Event #2 Event #4 EVENT #4 APPARENT DRIVER CONDITION 35 ENGLE TAREN TO BY ORNER TARCH TO BY ORNER TARCH TO BY ORNER TARC		HAZA	RDOUS M	ATERIA	L INVOL	VEMENT				STA	TE NUME		Τ̈́Т		++	TCD COND
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Enter 1 Digit Number from bottom of diamond Was hazardous interial released from this welick? 1, Ves 2, No ORIVER LICENSE NUMBER CLASS STATE OF ISSUE RD R.O. (CODE 81) SEQUENCE OF EVENT'S FOR THIS VEHICLE Event \$2 Event \$2 Event \$2 Event \$3 APPARENT DRIVER CONDITION SITATE OF ISSUE RO R.O. INC. ROPE OF BIRTH MONTH IN DAY IN THE AND IN						[⊓] └──┴		NAM	(LAST - FI			HIN CHILL				RDCHAR
Was hazardous interial released from this vehicle? 1. Ves 2. No	•		•		•	ond		71								100
CODE #1) SEQUENCE OF EVENTS FOR THIS VEHICLE EVENT #2 EVENT #2 EVENT #3 EVENT #4 APPARENT DRIVER CONDITION 26 FRECLE TAKEN TO FRECLE TAKEN	Was hazardo	us material	released	from th	is vehicle	? 1. Yes 2.	No	DRIV	ER LICENS	E NUMBER		CLASS	ST	ATE OF ISSU	Æ	RD FLOW
APPARENT DRIVER CONDITION 28 APPARENT DRIVER CONDITION 28 APPARENT DRIVER CONDITION 28 APPARENT DRIVER CONDITION 28 APPARENT DRIVER CONDITION 28 ACTION TAKEN PROCESS ACTION TAKEN ACTION TOWN TOWN TOWN TOWN TOWN TOWN TOWN TO	(0										1 1 1		'		. 1 1	"
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WITNESS NAME TELEPHONE ADDRESS DATE OF BIRTH	WITNESS NAME						TELEPHONE			ADORES	S				DATE OF	BIRTH



POLICE TRAFFIC ACCIDENT REPORT CODING KEY

	COUNTY CODES IIII	;]
1	FIRST HARMFUL EVENT	2	HARMFUL EVENT LOCATION	7	SURFACE CONDITION	12	PEDESTRIAN TYPE
01		-	ON ROADWAY	01	Dry	01	Pedestrian (Person Afoot)
02	Fire/Explosion	11	Non Intersection	02	Wet	02	Pedacyclist/Bicyclist
03	Immersion	12	Intersection Intersection Related	03	Snowy	03	Animal Rider
04	Gas Inhalation	14		04	lcy	04	Rider of Animal-Drawn VE
05	Other non Collision	15	Driveway Access Interchange Area	05	Slushy	09	Other (Explain) Unknown
06	Ran Off Road	16	Railroad Crossing	06	Muddy	09	Unknown
07	Jackknife	17	Bridge	07	Debris Other Malanaura		DEDECTRUM AND THE
08	Down Hill Runaway	18	Tunnel		Other/Unknown	13	PEDESTRIAN ACTION
09	Cargo Loss or Shift	19	Other Onroad Areas	8_	TRAFFIC CTL DEVICE TYPE	01	Entering/Crossing Road
)9A	Separation of Units			00	None	02	Walk/Ride With Traffic
	COLLISION WITH:	 	000 0040	01	Officer or Crossing Grd or Flagger	03	Walk/Ride Against Traffic
		<u> </u>	OFF ROADWAY	02	Traffic Signal with PED Control	04	Approach/Leave Vehicle
10	Pedestrian	21	Shoulder	03	Traffic Signal	05	
N	AOTOR VEHICLE IN TRANSPORT	22	Turnout	04	Flashing Beacon		Working on/Pushing Vehic
21	Head On	23	Roadside	05	Stop Sign	06	Other Working
22	Rear End	24	Beyond Right of Way	06	Yield Sign	07	Playing
23	Angle	30	Median	07	RR Crossing Gates	08	Standing
24	Sideswipe	40 50	Driveway	08	RR Crossing Flashing Sigs	09	Lying Down
29	Manner Not Known	60	Private Drive Railroad Crossing	09	RR Crossing w/Crossbucks	10	Stepping On Or Off Vehicle
30	Parked Motor Vehicle	90	Other Off Road	03	_	11	Stepping on/off School Bu
40	Railway Train	99	Unknown	۱,	Pavement Markings	12	Approach/Leave School B
50	Pedalist (Bicyclist)	""	OTIKITOWIT	10	Lane Control	86	Other (Explain)
	FIXED OBJECT	3	WEATHER CONDITION	1	Lines - Stripes - Devices	99	Unknown
61	Highway Guardrail	01	Clear	11	Other Regulatory Sign		DEDECTOR OF THE PROPERTY OF TH
62	Impact Absorber	02	Cloudy (Overcast)	99	Unknown	14	PEDESTRIAN VISIBILITY
63	Utility Pole	03	Rain	9	TRAFFIC CTL DEVICE COND.	00	Clothing Not Contrasted
64	Light Standard	04	Snow	00	No Malfunction	-	With Background
65	Tree	05	Sleet, Hail, etc.	01		01	Clothing Contrasted With
66		06	Fog, Smog		Knocked Down/Missing	•	Background
67	Fire Hydrant	07	Smoke	02	Turned From Proper Posit.	^^	
	Pier or Column	80	Blowing Sand, Dirt, etc.	03	Obscured By Parked Veh.	02	
68	Overhead Sign Post	09	Severe Crosswind	04	Obscured By Other Signs		Worn or Held
70	Highway Sign	10	Other/Unknown	05	Obscured By Vegetation	03	Other Light Source
71	Traffic Signal Post			06	Lights Malfunctioned	99	Unknown
72	Barricade	4	LIGHT CONDITION	07	Lights Stuck/ No Change		
73	Bridge Overpass or Railing	01	Full Daylight	08	Gates Inoperative	15	VEHICLE MOVEMENT
74	Culvert Headwall	02	Dawn	09	Gate Arm Missing	01	Straight Ahead
75	Curbing	03	Dusk	10	Other RR Contributing	02	Turning Right
76	Retaining Wall	04	Dark - Lighted Way	l	Malfunction	03	Turning Left
77	Divider (Concrete or Steel)	05	Dark - Not Lighted	11	Other Impairment	04	Making U-Turn
78	Sideslope Rock or Stone	09	Unknown	99	Unknown	05	Entering Traffic Lane
во	Sideslope Earth					06	
B1	Building		CONSTRUCTION MAINT ZONE	10	ROAD CHARACTER		Leaving Traffic Lane
B2	Fence (Not Median)	00	None	01	Straight And Level	07	Overtaking
83	Mailbox	01	Construction Zone	02	Straight With Grade	80	Changing Lanes
B4	Boulder/Rock	02	Maintenance Zone	03	Curved And Level		Avoiding Maneuver
		03	Construction or Maintenance	04	Curved With Grade	10	Merging
85 06	Ditch	1				11	Parking
86	Overhead Structure	L_		111	ROADWAY FLOW		
B7	Underpass Tunnel	6	SURFACE TYPE	01	Divided Median - Unpaved		
89	Other Fixed Object (Explain)	01	Concrete	02	Divided Median - Physical Barrier		
91	Animal	02		03	Divided Median - Paved	10	111111111111111111111111111111111111111
92	Thrown/Falling Object	03	Gravel	U4	Divided Median - Continuous	11//	///////////////////////////////////////
96	Other Object (Explain)	04	Dirt	05	Left Turn	12	///////////////////////////////////////
99	Unknown (Explain)	05	Other	05 06	Not Physically Divided One Way Traffic		
			·····	ua	CHE NAV RAME	_	

		21	SEAT OR LOCATION	25_	ACCIDENT SITE CARE	30	ROAD
00	Any 4-axle Vehicle	01	Driver (or Motorcycle Operator)	00	None Given	00	None
01	Truck (2 or 3 axle)	02	Center Front	01	Bystander/Witness	01	Wet
02	Truck/Tractor - Semi Trailer	03	Right Front	02	Other Accident Victim	02	lcy
03	Truck and Trailer	04	Left Rear or MC Passenger	03	Police Officer	03	Slushy
04	Double Trailers	05	Center Rear	04	EMT/Ambulance Personnel	04	Debris
05	Triple Trailers	06	Right Rear	05	Trained Nurse	05	Ruts - Holes - Bumps
06	Pick-up	07	Other Vehicle Seat Position or 2nd	06	Doctor	06	Worn Travel-polished Surface
07 08	Dromedary and Semi Trailer Heavy Haul Configuration		MC Passenger	26	DRIVER	07	Rd. Under Construction or Maint.
09	Other	08	Any Position on or Outside	00	Normal	80	Obstruction
10	Log Bunk		vehicle, Including Truck Bed	01	Under the Influence of Drugs	09	Traffic Control Device Inoperative
11	Bus Busk	09	Unknown Location in or on Vehicle	02	Under the Influence of Alcohol	10	Shoulders Low, Soft or High
_		50	Truck Sleeper	03	Failed to Yield Right-of-way	99	Other
17	TRAILER TYPE	51	Bus Passenger	04	Disregarded TFC Control Devices		
00	None		eplace leading zero with "1"	05	Too Fast for Conditions	31	ENVIRONMENT/VISIBILITY
01	Semi Trailer		Passenger is in Same Seat	06	Made Improper Turn		
02	Pole Trailer		on Lap of Another:	07	Wrong Side or Wrong Way	00	None
03	Full Trailer	e.	g. 11 - Child or Other	80	Followed Too Closely	01	Smog - Smoke
04	Mobile Home	P	erson on Driver's Lap	09	Improper Lane Change	02	Sleet - Hail
05	Utility Trailer	21	PEDESTRIAN LOCATIONS	10	Improper Backing Operation	03	Blowing Sand, Soil, Dirt
06	Camper/Travel Trailer	_		11	Improper Passing	04	Severe Crosswinds
07	Boat Trailer	20	In Roadway no Xwalk /Bikeway	12	Improper Signal	05	Rain Snow
		21	In Available Xwalk/Bikeway	13	Improper Parking	06	Sign Obstructed View
80	Farm Equipment	22	Not in Available Xwalk/Bikeway	14	Fell Asleep/Fainted, etc.	07	Vegetation Obstructed View
09	Horse Trailer	30	In Intersection-No Xwalk/Bikeway	15	Did Not Comply Lic. Restrictions	08	Snow Bank Obstructed Vie
10	Towed Auto	31	In Available Xwalk/Bikeway	16	Under Influence of Medication	09	Hill Obstructed View
11	HAZMAT Cargo Tank	32	Not in Available Xwalk/Bikeway	17	Fatigued	10	Building Obstructed View
12	Saddle Mount	40	Not in Rdway No Special Location	18	111	11	Curve in Road Obstructed View
99	Other/Unknown	41	On a Sidewalk	19	Improper Class of License	99	Other
	ALCOHOL INVOLVEMENT	42	On Bikeway	99	Other - Unknown		
		43	On Median	27	PASSENGER	32	HAZARDOUS MATERIALS
01	YES - Preliminary Breath Test			00	None	01	Explosives Class A
02	YES - Other Evidentiary Test	88	Other (Explain)			02	Explosives Class B
03	YES - Physical Coordination Test	99	Unknown	01	Under the Influence of Drugs	03	Blasting Agent
04	YES - Eye Movement Test	00	CAFETY FOLLOWENZ LICE	02	Under the Influence of Alcohol	04	Poison Gas
05	YES - Statements	22	SAFETY EQUIPMENT USE	03	Interfered with Driver	05	Flammable Gas
06	YES - Other (Explain)	00	None Installed	99	Other (explain)	06	Non-Flammable Gas
07	NO - Preliminary Breath Test	01	No Safety Equipment Used	_		07	Chlorine Gas
08	NO - Other Evidentiary Test	02	Lap Belt Only Used	28	PEDESTRIAN PEDALCYCLIST	08	Oxygen
09	NO - Physical Coordination Test	03	Shoulder Harness Only Used	00	None	09	Flammable
	•	04	Lap/Shoulder Belt Used	01	Under the Influence of Drugs	10	Combustible
10	NO - Eye Movement Test	11	Helmet Only	02		11	Flammable Solid
11 .	NO - Other (Explain)	12	Eye Protection Only Used		Under the Influence of Alcohol		
99	Unknown if Alcohol Involved	13	MC Helmet & Eye Protection Used		Failed to Yield Right-of-way	12	Flammable Solid/W
	BLOOD ALCOHOL	21	Child/Youth Restr Used Properly	04	Disregarded Traffic Control	13	Oxidizer
19	CONCENTRATION (BAC)	22	Child/Youth Restr Used Improperly		Illegally in Roadway	14	Organic Peroxide
	RESULTS AND DATA	31	Air Bag Installed - Deployed	06	Bicycle Violation	15	Poison Radioactive
NN	Desuits of Total (1)	32	Air Bag Installed - Not Deployed	07	Clothing Not Visible	16	Corrosive
NIN	Results of Test (Use the two	99	Unknown	99	Other	18	
	numerals following the decimal)	-	EJECTION				Dangerous
90	No Test Given	23	EJECTION	29	VEHICLE	33	SOURCE
91	Tested for Drugs (Not Alcohol)	00	Not Ejected and Not Trapped	00	None	01	Shipping Papers
92	Test Refused	01	Total Ejection	01	Brakes	02	Vehicle Side
96	Tested but Sample was unusable	02	Partial Ejection	02	Steering	03	Driver
97	Tested but Results not yet	03	Ejected (No Details)	03	Power Plant	04	PUC Cab Card/Registration
	available	04	Extrication Equipment Used	04	Suspension	05	Trailer Side
		09	Unknown	05	Tires	06	Other
20_	DRIVER LICENSE VIOLATION	—		06	Exhaust	<u> </u>	
00	No Violation of License Type or	24	INJURY CLASS	07	Lights		
		00	No Injury	08	Signals		
00		01	Possible Injury	09	Windows/Windshield		
	Restrictions	1 01		10	Restraint Systems		掛るないなり
01	Instruction Permit Violation	02	Non-incapacitating Injury	1 10			
			Non-incapacitating Injury Incapacitating Injury				(TOTAL)
01	Instruction Permit Violation	02	Incapacitating Injury	11	Wheels		DEPARTMENT OF TRANSPORTATION
01 02	Instruction Permit Violation Violated restriction on License	02 03		11 12	Wheels Truck Coupling		DRIVER AND MOTOR VEHICLE SERVICES
01 02 03	Instruction Permit Violation Violated restriction on License Expired License	02 03	Incapacitating Injury	11	Wheels		



COMMONWEALTH OF PENNSYLVANIA POLICE ACCIDENT REPORT

(XX.)REFER TO OVERLAY SHEETS	REPORTABL	NON - REPORTABLE	PENNDOT USE ONLY
POLICE IN	FORMATION	ACCIDEN	IT LOCATION
1. INCIDENT NUMBER		20. COUNTY	CODE
2. AGENCY NAME		21. MUNICIPALITY	CODE
3. STATION/	4. PATROL	PRINCIPAL ROAD	DWAY INFORMATION
5. INVESTIGATOR	BADGE	22. ROUTE NO. OR	
6. APPROVED BY	BADGE	23. SPEED (24.) TYPE	(25.)ACCESS
7. INVESTIGATION	8. ARRIVAL		
DATE		26. ROUTE NO. OR	CTING HOAD.
9. ACCIDENT		STREET NAME 27. SPEED (28) TYPE	(29)ACCESS
DATE 11. TIME OF		LIMIT HIGHW	AY CONTROL
DAY	OF UNITS		NTERSECTION:
	ACCIDENT Y N	SEGMENT MARKER	2071105
16. DID VEHICLE HAVE TO BE REMOVED FROM THE SCENE?	POLICE INFORMATION		
UNIT 1 UNIT 2			RED ESTIMATED
Y			
18. HAZARDOUS Y N			
	'	u	∜IT # 2
36. LEGALLY Y N 37. REG.	38. STATE		38. STATE
39. PA TITLE OR		39. PA TITLE OR	
40. OWNER			
41. OWNER			
ADDRESS 42. CITY, STATE			.,,
& ZIPCODE 43. YEAR 44. MAKE			
45. MODEL - (NOT	146 INS		A6 INS
BODY TYPE)	Y N UNK	BODY TYPE)	UNK□
TYPE USAGE	OWNERSHIP	TYPE USAGE	OWNERSHIP
POINT STATUS	SPEED	POINT	S SPEED
GRADIENT PRESEN	CE CONDITION	GRADIENT PRESE	
56. DRIVER NUMBER	57. STATE		57. STATE
58. DRIVER NAME			
59. DRIVER ADDRESS			
60. CITY, STATE		60. CITY, STATE	
61. SEX 62. DATE OF	63. PHONE	61. SEX 62. DATE OF	63. PHONE
64. COMM. VEH. 65. DRIVER 66		64. COMM. VEH. 65. DRIVER	
67. CARRIER	55 f		\$\$#
68. CARRIER			
ADDRESS 69. CITY, STATE			
& ZIPCODE 70. USDOT # ICC #	PUC #		PUC #
CONFIG. BODY TYPE		CONFIG. BODY TYPE	
AXLES MATERIALS			S 77. RELEASE OF HAZ MAT
19	002314	PAGE: CENT	TER FOR HIGHWAY SAFETY

BO, PEOPLE INFORMATION B C D E F G NAME ADDRESS B)	ACCIDENT (H		ADDITT	CONAL		
1.) ILLUMINATION 82 WEATHER 86. DIAGRAM 3. ROAD SURFACE 4. PENNSYLVANIA SCHOOL DISTRICT (IF APPLICABLE) 5. DESCRIPTION OF DAMAGED PROPERTY WINER DORESS HONE 7. NARRATIVE - IDENTIFY PRECIPITATING EVENTS. CAUSATION FACTORS. SEQUENCES OF EVENTS, WITNESS	STATEMENTS, A						
1.) ILLUMINATION (82) WEATHER (13) ROAD SURFACE (14) REPUBLISHED (15) REPU	S STATEMENTS, A	AND PRO	DVIDE	ADDITI	ONAL		
DROAD SURFACE DESCRIPTION OF DAMAGED PROPERTY MNER DORESS HONE MARRATIVE - IDENTIFY PRECIPITATING EVENTS, CAUSATION FACTORS, SEQUENCES OF EVENTS, WITNESS	S STATEMENTS, A	AND PRO	DVIDE	ADDITI	ONAL		
DROAD SURFACE DESCRIPTION OF DAMAGED PROPERTY MNER DORESS HONE MARRATIVE - IDENTIFY PRECIPITATING EVENTS, CAUSATION FACTORS, SEQUENCES OF EVENTS, WITNESS	S STATEMENTS, A	AND PRO	OVIDE	ADDITI	ONAL		
DROAD SURFACE DESCRIPTION OF DAMAGED PROPERTY MNER DORESS HONE MARRATIVE - IDENTIFY PRECIPITATING EVENTS, CAUSATION FACTORS, SEQUENCES OF EVENTS, WITNESS	S STATEMENTS, A	AND PRO	OVIDE	ADDITT	ONAL		
B)ROAD SURFACE I. PENNSYLVANIA SCHOOL DISTRICT (IF APPLICABLE) I. DESCRIPTION OF DAMAGED PROPERTY WHER DDRESS HONE L. NARRATIVE - IDENTIFY PRECIPITATING EVENTS, CAUSATION FACTORS, SEQUENCES OF EVENTS, WITNESS	STATEMENTS, A	AND PRO	DVIDE	ADDITT	ONAL		
1.) ILLUMINATION (82) WEATHER (1) 3.) ROAD SURFACE (1) 4. PENNSYLVANIA SCHOOL DISTRICT (IF APPLICABLE) 5. DESCRIPTION OF DAMAGED PROPERTY (1) WNER (1) DDRESS (1) HONE (1) UNARRATIVE - IDENTIFY PRECIPITATING EVENTS, CAUSATION FACTORS, SEQUENCES OF EVENTS, WITNESS	STATEMENTS, A	AND PRO	OVIDE	ADDITT	ONAL		
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COMMONWEALTH OF PENNSYLVANIA PAR CONTINUATION SHEET

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COMMONWEALTH OF PENNSYLVANIA POLICE ACCIDENT SUPPLEMENTAL

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NUMBER	 			DATE			
AGENCY NAME				11. TIME OF DAY		12. NUMBER OF UNITS	
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PRECINCT INVESTIGATOR			ZONE BADGE	20. COUNTY	J	ACCIDE	T Y N CODE
			NUMBER				
. APPROVED BY			BADGE NUMBER	21. MUNICIPALITY			CODE
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9. PA TITLE OR UT-OF-STATE VIN				59. DRIVER			
D. OWNER				ADDRESS 60. CITY, STATE			
1. OWNER				& ZIPCODE		_	
ADDRESS				61. SEX	62. DATE OF BIRTH		63. PHONE
2. CITY, STATE				64. COMM VEH	65. DRIVER	66. DRIVER	
& ZIPCODE 3. YEAR	44. MAKE			67. CARRIER	CLASS	S. S. #	
5. MODEL (NOT BODY TYPE)			46. INSURANCE Y N UNK	68. CARRIER ADDRESS			
7.)BODY	48. SPECIAL		49.)VEHICLE	69. CITY, STATE			
TYPE D.)INITIAL IMPACT	USAGE (51.)VEHICLE		OWNERSHIP 52.)TRAVEL	& ZIPCODE 70. USDOT #	Icc#		PUC#
POINT	STATUS		SPEED	L			PUC#
3.) VEHICLE GRADIENT	54. DRIVER PRESENCE		55) DRIVER CONDITION	72.)VEHICLE CONFIG.	(73.)CARGO BODY TYPE		74. GVWR
	THEOLINGE E		CONDITION				
			57. STATE	75. NO. OF	(76.)HAZ ARDOU	s	77. RELEASE OF HAZ M
6. DRIVER NUMBER 7. NARRATIVE - IDEI DETAILS	NTIFY PRECIPITATING	EVENTS	57. STATE , CAUSATION FACTORS, S	AYIES	MATERIALS	=	77. RELEASE OF HAZ M Y D N D UNK D ROVIDE ADDITIONAL
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POLICE ACCIDENT REPORT -

Overlay Sheet - 1

ACCIDENT LOCATION FIELDS

24. & 28. TYPE HIGHWAY

- 0 NOT PHYSICALLY DIVIDED 1 - DIVIDED HIGHWAY - MEDIAN STRIP WITHOUT TRAFFIC
- 2 DIVIDED HIGHWAY MEDIAN STRIP WITH TRAFFIC BARRIER
- ONE WAY TRAFFIC NORTH
- S ONE WAY TRAFFIC SOUTH E - ONE WAY TRAFFIC EAST
- W ONE WAY TRAFFIC WEST

25. & 29. ACCESS CONTROL

- 1 NO CONTROLS (UNLIMITED ACCESS)
- 2 · FULL CONTROL
- (ONLY RAMP ENTRY AND EXIT) 8 - OTHER
- 9 UNKNOWN

34. CONSTRUCTION ZONE

- 0 NOT APPLICABLE
- CONSTRUCTION ZONE
- 2 MAINTENANCE ZONE
- 3 UTILITY COMPANY WORK
- 9 UNKNOWN

35. TRAFFIC CONTROL DEVICE

- 0 NO CONTROLS
- 1 FLASHING SIGNALS 2 - TRAFFIC SIGNAL
- 3 STOP SIGN
- 4 YIELD SIGN
- 5 RR CROSSING
- POLICE OFFICER OR FI AGMAN
- 7 FLASHING SCHOOL ZONE
- 8 OTHER
- 9 UNKNOWN

UNIT INFORMATION FIELDS

47. BODY TYPE

AUTOMORIJES

- 01 CONVERTIBLE
- 02 2 DOOR
- 03 3 DOOR (HATCH BACK, 2 DR) 04 4 DOOR
- 05 5 DOOR (HATCH BACK, 4 DR)
- 06 STATION WAGON 07 HATCH BACK
- - NUMBER DOORS UNKNOWN

- 47. BODY TYPE (CONTINUED) **AUTOMOBILES CONTINUED**
 - 08 OTHER AUTOMOBILE
 - 09 UNKNOWN AUTOMOBILE
 - 10 AUTOMOBILE BASED PICK-UP 11 - AUTOMOBILE BASED PANEL
 - 12 SHORT UTILITY
 - 13 LARGE LIMOUSINE
 - 14 THREE WHEEL AUTO OR DERIVATIVE

MOTORCYCLES

- 20 MOTORCYCLE
- 21 MOPED
- 27 THREE WHEEL MOTORCYCLE OR MOPED
- MINIBIKE, MOTORSCOOTER

29 - UNKNOWN MOTORCYCLE

BUSES

- 30 SCHOOL BUS 31 CROSS COUNTRY/INTERCITY
- 32 TRANSIT BUS
- 38 · OTHER RUS
- 39 UNKNOWN BUS TYPE

VANS

- 40 VAN
- 41 VAN COMMERCIAL CUTAWAY
- 42 · VAN BASED MOTORHOME OTHER VAN TYPE
- 49 UNKNOWN VAN TYPE

LIGHT TRUCKS (GVWR < 10,000#)

- 50 PICK UP
- 51 PICKUP WITH SLIDE IN CAMPER
- 52 PICKUP BASED MOTORHOME
- 53 CAB CHASSIS BASED
- 54 TRUCK BASED PANEL
- 55 TRUCK BASED STATION
- WAGON
- 56 TRUCK BASED UTILITY
- 58 OTHER LIGHT TRUCK 59 UNKNOWN LIGHT TRUCK TYPE STATIONWAGON - BASE BODY
- TYPE UNKNOWN
- 68 UTILITY BASE BODY TYPE UNKNOWN 69 - UNKNOWN LIGHT TRUCK

MEDIUM/HEAVY TRUCKS

- 70 SINGLE LINIT STRAIGHT TRUCK
- MEDIUM/HEAVY TRUCK BASED
- COMBINATION TRUCK
- CAMPER OR MOTORHOME

- MOTORHOME TRUCK TRACTOR (CAB)
- UNKNOWN IF SINGLE UNIT OR
- UNKNOWN TRUCK TYPE
- 79 UNKNOWN TRUCK TYPE

47. BODYTYPE (CONTINUED)

- OTHER MOTORIZED VEHICLE
 - 80 SNOWMOBILE 81 - FARM EQUIPMENT
 - 82 ATV
 - 83 CONSTRUCTION EQUIPMENT
 - 88 OTHER UNSPECIFIED VEHICLE 89 UNKNOWN OTHER

MOTORIZED VEHICLES

- NON-MOTORIZED UNITS 90 - UNICYCLE, BICYCLE, TRICYCLE
 - 91 OTHER PEDALCYCLE (BIG WHEEL)
 - 92 UNKNOWN PEDALCYCLE
 - 93 HORSE AND BUGGY 94 HORSE AND RIDER
- TRACK VEHICLES
 - 95 TRAIN
 - 96 TROLLEY

IF NOTHING ELSE

- 98 OTHER BODY TYPE
- 99 UNKNOWN BODY TYPE

48. SPECIAL USAGE

- 0 NOT APPLICABLE
- PUPIL TRANSPORT
- FIRE VEHICLE
- **AMBULANCE**
- OTHER EMERGENCY VEHICLE
- POLICE VEHICLE
- TRACTOR TRAILER
- **TWIN TRAILER**
- 11- COMMERCIAL PASSENGER
- TOWING PASSENGER VEHICLE
- 13 TOW TRUCK
- 14 TOWING UTILITY TRAILER TOWING MOBILE OR MODULAR
- HOME 16 - TOWING CAMPER
- 20 MODIFIED VEHICLE

- 49. VEHICLE OWNERSHIP 1 - PRIVATE VEHICLE OWNED BY
 - DRIVER 2 - PRIVATE VEHICLE OWNED BY
 - ANOTHER
 - 3 RENTED VEHICLE 4 STATE POLICE VEHICLE
- PENNDOT VEHICLE OTHER COMMONWEALTH VEH.
- MUNICIPAL POLICE VEHICLE
- OTHER MUNICIPAL GOVT VEH
- 9 FEDERAL GOVERNMENT VEH. 10 COMMERCIAL VEHICLE
- 11 PUPIL TRANSPORT CARRIER
- 98 OTHER 99 - UNKNOWN

- 50. INITIAL IMPACT POINT
 - 0 NO IMPACT OR CONTACT
 - 12 CLOCK POINTS 13 - TOP
 - 14 UNDERCARRIAGE
 - 15 TOWED UNIT



51. VEHICLE STATUS 0 - NOT APPLICABLE

- LEGALLY PARKED
- 2 ILLEGALLY PARKED ON ROAD
- 3 ILLEGALLY PARKED OFF ROAD
- HIT AND RUN
- 5 DISABLED FROM PREVIOUS ACCIDENT

52. TRAVEL SPEED

- 00 STOPPED OR PARKED 01 - 97 ACTUAL OR ESTIMATED SPEED
- 98 98 MPH OR GREATER 99 - UNKNOWN

53. VEHICLE GRADIENT

- 1- LEVEL ROADWAY
- 2 UP HILL
- · DOWN HILL
- 4 SAG (BOTTOM OF HILL) 5 - CREST (TOP OF HILL)

F DRIVER PRESENCE 2 THEN DO

NOT ENTER DATA FOR THE OPERATOR

- 54. DRIVER PRESENCE
- DRIVER OPERATED VEHICLE
- DRIVERLESS VEHICLE 3 - DRIVER LEFT SCENE

(AFTER ACCIDENT)

- 55. DRIVER CONDITION
 - 1 APPEARED NORMAL 2 - HAD BEEN DRINKING
 - ILLEGAL DRUG USE
- 4 SICK 5 - FATIGUE
- ASLEEP 7 - MEDICATION 9 - UNKNOWN

72 VEHICLE CONFIGURATION 1 - BUS 2 - SINGLE UNIT- (2 AXLES, 6 TIRES) 3 - SINGLE UNIT (3 + AXLES)	80. UNIT NUMBERS - BLOCK A CODE UNIT NUMBERS AS RECORDED ON PAGE 1.	80. TYPE OF INJURY - BLOCK I 0 - NO INJURY 1 - AMPUTATION 2 - BLEEDING WOUND	(CONTINUED FROM BELOW) - BLOCK M 2 - HELICOPTER 3 - FIRE RESCUE VEHICLE
4-TRUCK TRACTOR (BOBTAIL) 5-TRUCK TRAILER 6-TRACTOR/SEMI-TRAILER 7-TRACTOR/DOUBLES 8-TRACTOR/TRIPLES 9-UNKNOWN HEAVY TRUCK	80. SEAT POSITION - BLOCK B 1 - DRIVER 2 - MIDDLE FRONT 3 - RIGHT FRONT 4 - LEFT REAR 5 - MIDDLE REAR	3 - BROKEN BONES 4 - DISTORTED MEMBER 5 - BRUISES/ABRASIONS 6 - BURNS 7 - SWELLING 8 - LIMPING	4 - PRIVATE VEHICLE 5 - POLICE VEHICLE 8 - OTHER 9 - UNKNOWN
73. CARGO BODY TYPE 1 - BUS 2 - VAN / ENCLOSED BOX 3 - CARGO TANK	6 - RIGHT REAR 7 - PEDESTRIAN 8 - OTHER SEAT POSITION 9 - UNKNOWN	9 - COMPLAINT OF PAIN 97 - OTHER INCAPACITATING INJURY 98 - OTHER NON-INCAPACITATING 99 - UNKNOWN	81. ILLUMINATION 1 - DAWN 2 - DAYLIGHT 3 - DARK - STREET LIGHTS 4 - DARK - NO STREET LIGHTS 5 - DUSK
4 - FLATBED 5 - DUMP 6 - CONCRETE MIXER 7 - AUTO TRANSPORT 8 - GARBAGE / REFUSE	80. SEX - BLOCK C M - MALE F - FEMALE U - UNKNOWN	80. AREA OF APPARENT INJURY - BLOCK J 0 - NO INJURY 1 - FACE	82. WEATHER 0 - NO ADVERSE CONDITIONS
9- OTHER / UNKNOWN 78. HAZARDOUS MATERIALS	80. AGE - BLOCK D CODE ACTUAL AGE, EXCEPT FOR 1 - FOR INFANTS UP TO AGE 2 98 - AGE 98 OR GREATER 99 - UNKNOWN	2 - HEAD 3 - NECK 4 - BACK 5 - ARM(S) 6 - LEG(S)	1 - RAINING 2 - SLEET, HAIL, FREEZING RAIN 3 - SNOWING 4 - FOG, SMOKE
CODE THE 4 DIGIT HAZARDOUS MATERIAL CODE ON THE PLACARD OR SELECT ONE OF THE FOLLOWING CODES TO REPRESENT THE PLACARD.	80. ACTIVE RESTRAINT TYPE - BLOCK E 0 - NONE OR PEDESTRIAN 1 - SHOULDER HARNESS ONLY 2 - SEAT BELT ONLY	7 - CHEST/STOMACH 8 - INTERNAL 9 - ENTIRE BODY 98 - OTHER AREAS 99 - UNKNOWN	5 - RAIN AND FOG 83. ROAD SURFACE CONDITIONS 1 - DRY 2 - WET 3 - MUDDY
00 - NOT APPLICABLE 01 - NON-FLAMMABLE GAS 02 - COMBUSTIBLE 03 - ORGANIC PEROXIDE 04 - CORROSIVE 05 - EXPLOSIVES "A"	3 - COMBINATION (HARNESS & BELT) 4 - CHILD RESTRAINT DEVICE 7 - HELMET 8 - OTHER	80. INJURY INFORMATION SOURCE - BLOCK K N - NOT APPLICABLE A - OBSERVATION OF OFFICER B - STATEMENT FROM INDIVIDUAL C - MEDICAL/PARAMEDICAL	4 - SNOW COVERED 5 - ICE COVERED 6 - PLOWED SNOW 7 - SALTED & CINDERED 8 - ICE PATCHES
06 - OXYGEN 07 - POISON 08 - EXPLOSIVES "B" 09 - CHLORINE 10 - OXIDIZER 11 - POISONOUS GAS 12 - FUEL OIL 13 - DANGEROUS	9 - UNKNOWN 80. ACTIVE RESTRAINT USAGE - BLOCK F 0 - NOT APPLICABLE 1 - IN USE 2 - NOT IN USE 9 - UNKNOWN	PERSONNEL 80. EJECTION/EXTRICATION BLOCK L 0 NOT APPLICABLE 1 TOTALLY EJECTED 2 PARTIALLY EJECTED 3 PARTIALLY EJECTED REQUIRING	91. PROBABLE USE (ALCOHOL OR DRUGS) 0 - NONE 1 - ALCOHOL 2 - CONTROLLED SUBSTANCES 3 - OTHER DRUGS 4 - BOTH ALCOHOL AND DRUGS 9 - UNKNOWN
14 - RADIOACTIVE 15 - FLAMMABLE SOLID "W" 16 - FLAMMABLE 17 - FLAMMABLE GAS 18 - FLAMMABLE SOLID 19 - GASOLINE 20 - BLASTING AGENT 96 - OTHERMOT SIGNED 99 - UNKNOWN	80. PASSIVE RESTRAINT TYPE - BLOCK G 0 - NONE OR PEDESTRIAN 1 - AIRBAG (DEPLOYED) 2 - AIR BAG (NOT DEPLOYED) 3 - AUTOMATIC SEAT BELT 8 - OTHER 9 - UNKNOWN	EXTRICATION 4 - EXTRICATION BY PERSONS UNIKNOWN 5 - EXTRICATION - TWO OR MORE TYPES 6 - EXTRICATION BY AMBULANCE OR RESCUE PERSONNEL 7 - EXTRICATION BY POLICE 8 - EXTRICATION BY SELF 9 - UNIKNOWN EJECTION	92. TYPE TEST 0 - NOT APPLICABLE NO TEST GIVEN 1 - BLOOD 2 - BREATH 3 - URINE 4 - TEST REFUSED 8 - OTHER 9 - UNKNOWN
OR CODE THE 1 DIGIT HAZARDOUS MATERIAL CODE ON THE PLACARD	80. INJURY SEVERITY - BLOCK H 0 - NO INJURY 1 - DEATH 2 - MAJOR INJURY 3 - MODERATE INJURY 4 - MINOR INJURY 9 - UNKNOWN	OR EXTRICATION 80. INJURY TRANSPORTATION - BLOCK M 0 - NOT APPLICABLE 1 - AMBULANCE (CONT'D ABOVE)	93 RESULTS (ALCOHOL TEST) CODE ACTUAL TEST RESULT E.G. 197 GRAMS = 0.20% (MOV 3 DECIMAL PLACES AND ROUND)

STATE OF RHODE ISLAND UNIFORM ACCIDENT REPORT

Contain Cont	:: ()am ()pm ation: A/Highway: A Location if not at Intersection		t. Code:T)	pe of Collision:		Report No:
Time: () am () pm () Wed () Thu () Fri () Sat () Private Property () Walk-In () Location: Location:	ation: A/Highway: A Location if not at Intersection	()Sun ()Mon ()Tues ()Publ	ic Property 170		ne Posted Speed:
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Street/Mailing Address: City/Town: State:	rator #1					
City/Town: Cit	e of Operator:			M() F	Social Secu	rity Number (Optional)
Restriction: Transporting Placardable HM Y() N() () Motorcycle () CDL/Req. Yes No Charges (If Applicable) Citation # (1) (2) (3) Vehicle Direction: N() S() E() Vehicle Type: #1 Place Type Vehicle Vehicle #1 Registration No. Plate Type: Year: Make: V.I.N. Numb State: Color/Model Registred Owner's Name: Street/Mailing Address: City/Town: State: Name of Insurance Company: Insurance Policy Number: Owner's Insurance Policy Number: Owner's Insurance Policy Number: Owner's Insurance Policy Number: City/Town: State: Name of Operator: Birth: M() F() Social Securit Street/Mailing Address: City/Town: State: Name of Operator: State: () Operator () Chauffeur () Permit () Motorcycle City/Town: State: () Operator () Chauffeur () Permit () Motorcycle () CDL/Req. Yes No	t/Mailing Address:		City/Town:		State:	Zip Code:
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STATE OF RHODE ISLAND UNIFORM ACCIDENT REPORT

Briefly Describe Damage	to Vehicle Caused by A	Accident/Including Glass Breakag	e:	
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nelly Describe Damage	to Vehicle Caused by A	Accident/Including Glass Breakag	e:	
				
				
riefly Describe Specific	Vehicle Damage which	Pre-existed the Accident/Includi	ng Glass Breakage. If Know	m:
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eg. No: ummary Information riefly Describe What Hairmber:	appened and Indicate Sp	Description of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident	t Debris, Refer to Vehicle b	Supplemental Truck/
eg. No: ummary Information riefly Describe What Hailumber: hotos aken ()X()N	appened and Indicate Sp	Description of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident	Supplement Reports: ()Y()N	Supplemental Truck/ Bus Report ()Y ()N
weg. No: ummary Information riefly Describe What Haraber: umber: hotos aken ()X ()N	appened and Indicate Sp	Description of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident	Supplement Reports: ()Y()N	Supplemental Truck/
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wmmary Information riefly Describe What Haumber: words westigating fficer:	Diagram Attached ()Y()	Description of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident of all Accident	Supplement Reports: ()Y()N	Supplemental Truck/ Bus Report ()Y ()N Date of

A Copy of this Report Must Be Fowarded to: Safety Responsibility Section 286 Main Street

Pawtucket, Rhode Island 02860

DMV/94

(Within 15 Days - Per: Rhode Island General Law #31-26-9)

DIAGRAM OF ACCIDENT:		
	n.	
ginal s ize document – 8-1/2 X 11		

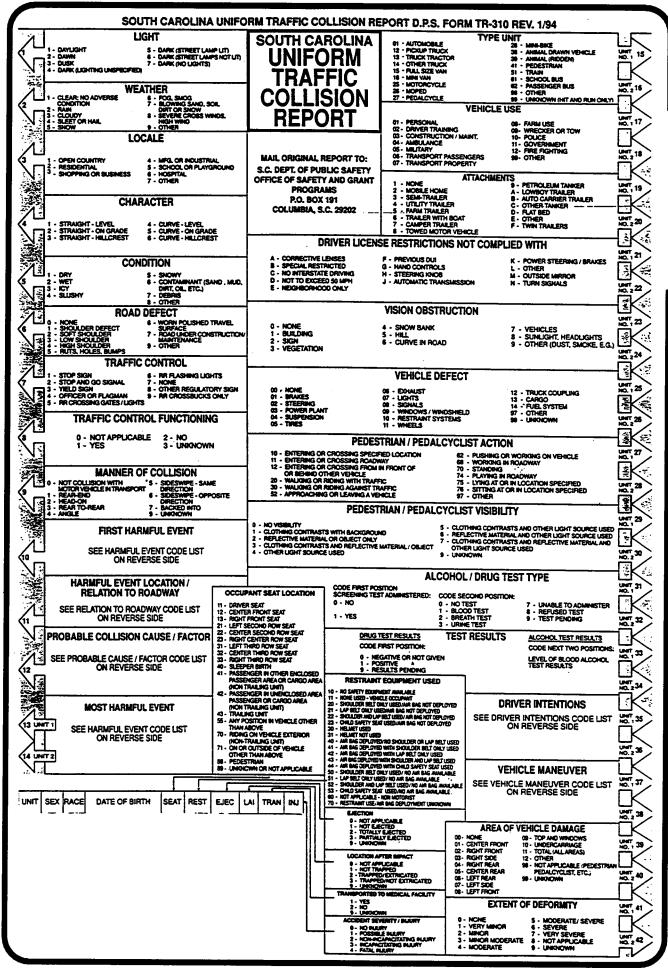
SUPPLEMENTAL TRUCK/BUS ACCIDENT REPORT

One or More Qualifying Injuries	vas involved, was sustainer						om the scene, or I Assistance.
Total Number of Qualifying Vehic	les Involved:						·
Trucks with (6) or More Tires or Hazan		Placards: (_	Buses Designed to C			
Total Number of Supplemental Forms:	<u>()</u>		I I	nterstate Carrier:	()	Yes ()	No
Accident Report Number:		e Accident curred: /	,		Time Acci (Military)		
Carrier Information: "Identificati	ion Numbers"	,					
Vonc = "0" → () US DOT:_			te No:_		Sta	le:	ICC/MC:
	(7-Numbers)						(6-numbers)
Socident Location Information:							
ocation: (Number/Name of Highway/	Street):	City/Townshi	ip:		**	County	y:
						1	
Enter #) Source of Information: Carrier Name: 1) Side of Vehicle		ing Papers (Truck)	or Trip Manife			
3) Driver Address: (Street/Box#)	(4) Log 1	City:			State:		Zip Code:
					<u> </u>		
Driver Information: Name:		DC	DB:			ense	State:
					_ #_		
Last	First	M.I.	Mo	o. Day Yea			
Enter #) Vehicle Configuration:				o. Day Yea	er		
Enter #	(4)Truck/Traile	r		(7)T	ractor/Do	
Enter #	ng Driver (5)Truck/Traile:	r or/Bobtai		(7)T	ractor/Do	ple
(Enter #) Vehicle Configuration: (0)Any Four (4) Tire Vehicle (1)Bus/Seats for >15 People, Includit (2)Single-Unit Truck (2-Axle, 6-Tire	ng Driver (5)Truck/Traile	r or/Bobtai		(7)T	ractor/Do	
Enter #	ng Driver (5 ;) (6 cs))Truck/Traile)Truck Tracto)Tractor/Semi	r or/Bobtai		(7)F (8)T (9)U	ractor/Do ractor/Tri nknown	ple Truck, Cannot Classify
(Enter #) Vehicle Configuration: (0)Any Four (4) Tire Vehicle (1)Bus/Seats for >15 People, Includic (2)Single-Unit Truck (2-Axle, 6-Tire (3)Single-Unit Truck (3 or more Axle) (Enter #) Cargo Body Type: (1)Bus designed to carry 16 or more	ng Driver (5 (6 cs) (4)Truck/Trailer)Truck Tracto)Tractor/Semi	r or/Bobtai		(7)F (8)T (9)U	ractor/Do ractor/Tri nknown	ple Truck, Cannot Classify
(Enter #) Vehicle Configuration: (0)Any Four (4) Tire Vehicle (1)Bus/Seals for >15 People, Including (2) Single-Unit Truck (2-Axle, 6-Tire (3) Single-Unit Truck (3 or more Axle) (Enter #) Cargo Body Type: (1)Bus designed to carry 16 or more (2) Van/Enclosed Box	ng Driver (5 (6 es) (4)Truck/Traile)Truck Tracto)Tractor/Semi	r or/Bobtai itrailer		(7)F (8)T (9)U	ractor/Do ractor/Tri nknown i	ple Truck, Cannot Classify
Last (Enter #) Vehicle Configuration: (0)Any Four (4) Tire Vehicle (1)Bus/Seats for >15 People, Includin (2) Single-Unit Truck (2-Axle, 6-Tire (3)Single-Unit Truck (3 or more Axle) (Enter #) Cargo Body Type: (1)Bus designed to carry 16 or more (2) Van/Enclosed Box (3) Cargo Tank	ng Driver (5 (6 es) (4)Truck/Trailer)Truck Tractor)Tractor/Semi	r or/Bobtai itrailer		(7)F (8)T (9)U	ractor/Do ractor/Tri nknown i	ple Truck, Cannot Classify
(Enter #) Vehicle Configuration: (0)Any Four (4) Tire Vehicle (1) Bus/Seals for >15 People, Including (2) Single-Unit Truck (2-Axle, 6-Tire (3) Single-Unit Truck (3 or more Axle) (Enter #) Cargo Body Type: (1) Bus designed to carry 16 or more (2) Yan/Enclosed Box (3) Cargo Tank Gross Vehicle Weight Rating:	ng Driver (5 (6 cs) (6 (5 (6 (6 (6 (6 (6 (6 (6 (6)Truck/Traile:)Truck Tracto)Tractor/Semi)Flatbed)Dump)Concrete Mi	r or/Bobtai itrailer	il	(7)F (8)T (9)U	ractor/Doractor/Trinknown	ple Truck, Cannot Classify sporter efuse
(Enter #) Vehicle Configuration: (0)Any Four (4) Tire Vehicle (1) Bus/Seals for >15 People, Including (2) Single-Unit Truck (2-Axle, 6-Tire (3) Single-Unit Truck (3 or more Axle) (Enter #) Cargo Body Type: (1) Bus designed to carry 16 or more (2) Van/Enclosed Box (3) Cargo Tank Gross Vehicle Weight Rating: Truck/Fractor or Bus:	ng Driver (5 (6 es) (4)Truck/Traile:)Truck Tracto)Tractor/Semi)Flatbed)Dump)Concrete Mi	r or/Bobtai itrailer xer		(7)F (8)T (9)U (7)A (8)G (9)O	ractor/Doractor/Trinknown	ple Truck, Cannot Classify
Enter #	ng Driver (5 (6 cs) (6 (5 (6 (6 (6 (6 (6 (6 (6 (6)Truck/Traile:)Truck Tracto)Tractor/Semi)Flatbed)Dump)Concrete Mi al: Lb:	r or/Bobtai itrailer xer	il	(7)F (8)T (9)U	ractor/Doractor/Trinknown	ple Truck, Cannot Classify sporter efuse Total No. of Axles:
(Enter #) Vehicle Configuration: (0)Any Four (4) Tire Vehicle (1) Bus/Seals for >15 People, Including (2) Single-Unit Truck (2-Axle, 6-Tire (3) Single-Unit Truck (3 or more Axle) (Enter #) Cargo Body Type: (1) Bus designed to carry 16 or more (2) Van/Enclosed Box (3) Cargo Tank Gross Vehicle Weight Rating: Truck/Fractor or Bus:	persons (4 (5 (6 Trailer(s) Total)Truck/Traile:)Truck Tracto)Tractor/Semi)Flatbed)Dump)Concrete Mi al: Lb:	r or/Bobtai itrailer xer	il Total Amount:	(7)F (8)T (9)U (7)A (8)G (9)O	ractor/Doractor/Trinknown	ple Truck, Cannot Classify sporter efuse Total No. of Axles: (Inc. Trail
(Enter #	persons (4 (5 (6) (6) (6) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7)Truck/Traile:)Truck Tracto)Tractor/Semi)Flatbed)Dump)Concrete Mi al: Lb:	r or/Bobtai itrailer xer s.	il Total Amount:	(7)F (8)T (9)U (7)A (8)G (9)O	ractor/Do ractor/Tri nknown uto Transarbage/R	ple Truck, Cannot Classify sporter efuse Total No. of Axles: (Inc. Trai
Enter #	persons (4 (5 (6 cs)) (6 Trailer(s) Total)Truck/Traile:)Truck Tracto)Tractor/Semi)Flatbed)Dump)Concrete Mi al: Lb:	r or/Bobtai itrailer xer s.	Total Amount:_cense No:	(7)F (8)T (9)U (7)A (8)G (9)O	ractor/Doractor/Trinknown uto Transarbage/Ruther	ple Truck, Cannot Classify sporter efuse Total No. of Axles: (Inc. Trai License/State: Number: (from diamond or b

Reporting Agency:	Investigated By:		Badge/ ID#	;	Total Number of Vehicles Involved in Accident:
Sequence of Events for this vehi	and the state of t				
Event #1	Event #2	Event #3		-	Event #4
(1) Ran Off Road (2) Jack Knife (3) Overturn (Rollover) (4) Downhill Runaway (5) Cargo Loss or Shift	(6) Explosion or Fire (7) Separation of Units (8) Collision Involving Pe (9) Collision Involving M (10) Collision Involving Pa	otor Vehicle in Transpor	t ((12) Collisio (13) Collisio (14) Collisio	on Involving Train on Involving Pedal Cycle on Involving Animal on Involving Fixed Object on Involving Other Object
(Enter #) Type of Road / Traffic way					
(1)Not Physically Divided (Two-wa	y Traffic-way)	(3)Divided Highw	vay, Media	an Strip, wil	h Traffic Barrier
(2) Divided Highway, Median Strip,	without Traffic Barrier	(4)One-Way Traff	lic-way		
(Enter #) Access Control (81) No Control (Unlimited Access)	(2)Full Control	l (Only Ramp Entry an	d Exic	(3)Other	
(Enter #) Weather Condition					
(1)No Adverse Condition (2)Rain (3)Sleet, or Hail	(4)Snow (5)Fog (6)Blowing, Sand,	Soil, Dirt, or Snow	(8))Severe Cro)Other)Unknown	sswind s
(Enter #) Road Surface Condition: (1)Dry	1/20				
(2)Wet	(3)Snow or Slush (4)Ice		(8))Contamina)Other)Unknown	nt (Sand, Mud, Dirt, Oil, Etc.
(Enter #) Light Condition:					
(1)Daylight (2)Dark - Not Lighted	(3)Dark - Light (4)Dawn)Dusk)Unknown	
(Enter #) Apparent Driver Condition:					
	(3)Illegal Drug Use (4)Sick	(5)Fatigue (6)Asleep)Medication)Unknown
Number of Persons Sustaining Fatal		Transported for Im	mediate	Medical Tro	catment: ()
Number of Vehicles Towed from the Due to Damage or Provided Assistance	:e: ()	Was this Vehicle T	owed: ()Yes	()No
*Note: MCSAP Inspection Form MCSAP/94	Done? ()Yes ()No				

		ORIGIN D.P.S. USE ON				UNIFOF DE	RM 1 PAR	TRAFFIC TIMENT	of PUBLIC (10 (REV. 2/	ON REPORT		Amended - Attach Co f Original Report Corrected	opy Page	of P	Inits— ages
L	Date	Time	County	2-0	terstate S Primar C Primar	y 5-	Seco Cour Othe		ON	Number and	Name if any	0 - Main Line 2 - Alternate	AUXILIA 5 - Spur 6 - Connecti 7 - Business	ion 9	- Bypass - Other
Lane	Ramp 1 - Entrance 2 - Exit	Lane / Ra Travel Dire N E S	ection	2 - U	terstate S Primar C Primar	у 5-	Seco Cour Othe	-	FROM	BASE INTERS Number and	Name if any	0 - Main Line 2 - Alternate	AUXILIA 5 - Spur 6 - Connect 7 - Business	8 · ion 9 ·	- Bypess - Other
Di	stance Offset MILES FEET	Direction		2 - U 3 - S	terstate S Primar C Primar	y 5- y 6-	Seco Cour Othe		Route TOWARD	ECOND INTER Number and	Name if any	0 - Main Line 2 - Alternate	AUXILIA 5 - Spur 6 - Connect 7 - Business	8 -	Bypess Other
RF	R Crossing ID	Time Police Notified	Time Poli Arrived	ce Tin	ne Ambu Arrived	lance IN	ı		City or Town	ı	Or if Outside	Miles N E	s w a	D.P.S. US VIP Birid	E ONL)
Unit #	<u> </u>		rian Full Name)					Unit#	Sex Race	Driver or Pedestri	an Full Name			
	Birth Date	Street or R.F.D.								h Date	Street or R.F.D.				
State	sidence County e Class	City, State & Zip Driver License No	umber						Reside	Class	City, State & Zip Driver License Nu	mher			-
Yea		Make & Vehicle k		lumber					Year	Body		entification Number			
Stat	te Year	License Plate Nu							State	Year	License Plate Nun			. •	
Home 1	Telephone #	Owner's Full Nam	ne						Home Telepi	hone #	Owner's Full Nam	0			
Bus. Te	lephone #	Street or R.F.D.							Bus. Telepho	one #	Street or R.F.D.			-	
	nce County	City, State & Zip							Residence C		City, State & Zip				
	ontrib. to Acc. Yes No	Estimated Spe		d Limit	<u> </u>	1 - YES	2-		Contr Yes	ib. to Acc. No	Estimated Spee	d Speed Limit		ERCIAL V	
#of Oc	cupants	/ehicle Towed by	St	immons N	lumber	Vi	olatio	on Codes	#of Occupa	ints Ve	hicle Towed by	Summons	Number	Violation	n Codes
Н	-6764	121						•••••	Н-	6764	22			***************************************	•••••
Direction Unit	on of Travel #1 N	E S W				NORTH			Describe W	hat Happened	(Refer to Units by	Number):			
Unit		E \$ W					(***		· ·			
														-	
									-						
	THE UNIFORM TH PLECTS TO OFFICE PANT IS MADE AS	AFFIC COLLISION R R'S BEST KNOWLED TO THE FACTUAL AC	EPORT IS PO	R STATIST	ICAL REP IEF COVE	OFTING P	COLL	SES ONLY USION BUT							
IOTICE IND REI IO WAR	SPECIAL U	SE ONLY	INTE	RNAL AG	ENCY C	00E		-	Damage to Property Of	her	Estimated A of Damage t	mt.	Estimated of Damage Unit 2: \$	Amt. e to	
IOTICE IND REI IO WAR	Sull Name				<u> </u>	Address	-		Than Vehic	e: \$	Unit 1: \$	Phone	Unit 2: \$	Age	Sex
1	s ruii Name						Ţ	Address		<u></u>		<u> </u>		Zip	
Witness	y Owner Name			\neg	Τ			NAME			ADDRESS			ZII	P
Witness					_			NAME			ADDRESS			ZII	Р
Vitnes															
Vitnes								NAME			ADDRESS			ZII	
Vitnes								NAME		-	ADDRESS		<u> </u>	Zil	P
Vitnes													·	Zii	P
Vitnes								NAME			ADDRESS ADDRESS			Zil	P

		AL		SOLIT	H CAROLINA		Amandad Amira e	
U.	P.S. USE ONLY			FORM TRAFF	IC COLLISION REP		Amended - Attach Copy of Original Report	
<u> </u>			1 (1	FOR INVEST	GATING OFFICERS R TRUCK ACCIDEN	3)	Corrected Page	of Pag
			SUPPLEM	ENTAL BUS	K THUCK ACCIDEN	T REPORT —		
Date	Time	County	Roul 1 - Interstate 2 - US Primar	te Category 4 - Secondary 5 - County	ry ACCIDE	NT LOCATION iber & Name If any)	0 - Main Line 2 - Alternate	6 - Connection 7 - Business
	ecperu	ING PIECES	3 - SC Primar		ON		5 - Spur 9 - Other	, 8 - Bypass
	BER OF QUAL			ven			NVIRONMENT INFORM	IATION
A truck with 6 or n		IFTING VENK	CLES INVOL	AED.	2 - Two-way traffice	ray with <u>NO</u> physical se ray with media n strip (d ry, median strip, with ph	livided highway without traffi	ic barrier)
	OR			-	4 - One-way traffice	/By		
A vehicle with a h		al placard —		>	1 - No Control of Ac	cess (Unlimited Access ccess (Only Ramp Entr	s) ry or Exit)	
	OR						NFORMATION	400000 S
A bus designed to including the drive	carry 16 or mon	e persons, 🗀		>	Gross Vehicle W	•	→	
	NUMBER OF	PERSONS I	VOLVED		Trailer or Tr	ailers Total	→	
Sustaining fatal inj	juries ——			>	TOTAL NUMBER	OF AXLES (Includ	ling Trailers) —	→
Transported to - 1	mandat	1			VEHICLE CONFI			<u> </u>
Transported for im	medica	ı services —		≻ [0 - Any 4-tire Vehick	•	5 - Truck Tractor Only (I	
	OF VEHICLES				2 - Single Unit Truck 3 - Single Unit Truck	(2 axles / 6 or more tires (3 or more axles)	6 - Tractor with Semi-Tra 7 - Tractor with Double 1 8 - Tractor with Triple Tr	Trailers
Towed from scene	_	·	•		4 - Truck with Trailer		9 - Other - Unable to Cl	
	NOT COMPLE or more qualified				CARGO BODY TYP	PE 6 - Concrete I	Mixer	
_	r more qualifying				2 - Van / Enclosed B	lox 7 - Auto Trans	sport	
One o	r more vehicles	was towed fro	m the scene		3 - Cargo Tank 4 - Flat Bed	8 - Garbage o 9 - Other	or Heliuse	<u> </u>
	r more vehicles				5 - Dump Trailer Length	Trail Van de	T 7-14	
TOTAL NUMBER	OF SUPPLEME	NTAL FORM	S REQUIRE):	riamor congur	Trailer Width	Trailer Length	Trailer Width
							ERIAL INVOLVEMENT	L
UNIT NUMBER _		FR-10 NUME	BER	 		E CARRYING HAZARI		
3777 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1	CARRIE	R INFORMAT	ION			A HAZARDOUS MAT		
NAME:					1-YES	2-NO 3-	UNKNOWN	<u>_</u>
SOURCE: 1 - Ship	oping Papers	4 - Log Book			If "YES", from plac	ard indicate: Imber from Diamond or	Por	
	icle Side	5 - Other 9 - Unknown		→ [_	j			
ADDRESS:						r from Bottom of Diamo		→
Street Address:			1	 	71		FROM THIS VEHICLE'S CA	RGO ?
City		State			1-YES	2-NO 3-	UNKNOWN	<u></u>
DENTIFICATION I		- VOLUE	- <u> </u>		NOTIFICATION:			
US DOT			N	ONE =0	SEQUENCE OF E	VENTS (for THIS V	/ehicle)	
ICC MC		=		<u> </u>	Event #1	Event #2	Event #3	Event #4
STATE	<u> </u>	J						
STATE NUMBER	<u> </u>	111		1	11 - Ran Off R 12 - Jackknife		(Collision Inv 21 - Pedestrian 22 - Motor Vehicle	
				<u> </u>	13 - Overtume	d or Rollover	23 - Parked Vehicl	
	R INFORMATION			ition)	14 - Downhill I 15 - Cargo Los	s or Shift	24 - Train 25 - Pedalcycle	
1 - Appeared Norm 2 - Had Been Drini	king 5-Fat	tigue 8	7 - Medication 3 - Unknown		16 - Explosion 17 - Separatio	or Fire	26 - Animal 27 - Fixed Object	
3 - Illegal Drug Abonvestigator's Name	use 6-Asi	leep	- Back	Barton Maria	19 - Other Eve	nt	29 - Other Object	
····ougaux e Nasile			Rank	Badge Number	Agency Type Code	Date	Reviewer's Name	Rank
							<u> </u>	



```
#18, 13 AND 14 HARMFUL EVENT CODE LIST (FIRST AND MOST)
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    #12 PROBABLE CAUSE
#19, 13 AND 14 MAXWELL EVENT CODE LIST

MON-COLLISION

OI - OVERTURN

OZ - RRECKYLOSON

OZ - BANESION

NOI - BAS MINILATION

OI - BAS MINILATION

OF PROPOWN OF FALLING OBJECT

OS - SPILL FOR 2-WINEEL VEHICLE IN SINGLE VEHICLE ACCIDENTY

OF - ACCOUNTY

OF - OTHER NON-COLLISION
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   NAVER
DO - UNDER THE WIFLENCE OF ALCOHOL AND DRUGS
OF - UNDER THE WIFLENCE OF DRUGS
OF - UNDER THE WIFLENCE OF ALCOHOL
CO - FAILED TO VIELD RIGHT OF WAY
OF - DORGENOUSED TRAFFIC SIGNS, SIGNALS
OF - DORGENOUSED TRAFFIC SIGNS, SIGNALS
OF - DORGENOUSED TRAFFIC SIGNS, SIGNALS
OF - DORGENOUSED TRAFFIC SIGNS, SIGNALS
OF - DORGENOUSED SIGNED SPEED LIMIT

- MAN FIRE BRIAN
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             - EXCEPTED STATES SPEED LIMIT - MAN OFF ROAD
- MADE AN IMPROPER TURN - WINDIG SIDE ON WRONG WAY
- FRILINWED TOO CLOSELY
- IMPROPER LANE CHANGE
- IMPROPER BACKING OPERATION
- IMPROPER PASSING
GO - OTHER NON-COLLISION

COLLISION WITH OBJECT NOT FIXED

10 - PEDESTRIAN

20 - DITHER OBJECT (NOT FIXED)

20 - PARKED MOTOR VEHICLE

31 - STOPPED MOTOR VEHICLE

32 - STOPPED MOTOR VEHICLE

33 - STOPPED MOTOR VEHICLE

34 - SOUTOR VEHICLE IN TRANSPORT IN OTHER ROADWAY

35 - ADJUNAT TRUB

41 - MOTORCYCLIST

42 - MOTORCYCLIST

44 - MOTORCYCLIST

45 - DOMESTIC APRIAMAL WITH RIDER

45 - DOMESTICATED ANNAL

46 - WILD ANNAMAL

47 - DEER

48 - OTHER ANNAMAL
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                2 - BAPTOPER MACRIC OPERATION
2 - BAPTOPER PASSING
3 - BAPTOPER PASSING
5 - PBLA ASLEEP FRANCING
5 - PBLA ASLEEP FRANCING
7 - DO BIOT COMMY WITH LICENSE RESTRICTION
- MANDEAPPED
- CONSETT.
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            BOYNOMINET

20 - SMORE

21 - FOR, SMOR

22 - REET MAIL

23 - BLOWING SAND, SOIL, DIRT

41 - SEVERE CROSSIMMOS

53 - RAIL, SHOW

55 - RAIL, SHOW

27 - VEREUNTION OBSTRUCTION

29 - HILL, DISTRUCTION

20 - BUILDING URSTRUCTION

31 - CUMPE IN ROADWAY

30 - OTHER
             COLLIBION WITH FIXED OBJECT
50 - INGGHNAY GUADDAIL, END
51 - INGGHNAY GUADDAIL, END
52 - BAPACT ATTERNATION CRASH CUSHION
53 - INGTHE POLE
54 - LIMINAREAUGHT SUPPORT OR LIGHT STANDARD
55 - TREE
55 - REG HYDRANT
55 - FREE HYDRANT
55 - FREE HYDRANT
56 - MEGHNAY TRAFFE SIGN POST
61 - OTHER POST
63 - HARRICADE
65 - CLAVEST READWALL
66 - CLAVEST READWALL
66 - CLAVEST READWALL
67 - RETAINING WALL
68 - MEDIAN BARRIER (FINISHED CONCRETE OR STEEL)
69 - ROCK OR STONE SDESLOPE
10 - LANTS DESCRIPTED CONCRETE OR STEEL)
77 - BUILDING
77 - BUILDING
77 - BUILDING
77 - POLICE OTHER THAN MEDIAN)
77 - BUILDING
77 - POLICE OTHER THAN MEDIAN)
78 - DUILDING
78 - STIME SOULDER
78 - POLICE OTHER THAN MEDIAN)
78 - BUILDING
78 - POLICE OTHER THAN MEDIANS
      COLUMNIC WITH FORD COLUMN
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      OTHER PERSON (NOT A DAMER ON PASSENGER)
40 - MIDER THE REPLIENCE OF ALCOMOL AND DRUGS
41 - MIDER THE REPLIENCE OF OPPICS
42 - MIDER THE REPLIENCE OF ALCOMOL
43 - MIDER THE REPLIENCE OF ALCOMOL
44 - SUBSECUTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPE
                                                 - BOULDER
- DOTCH
- OVERWEAD STRUCTURE, UNDERPASS
- OTHER ROZED OBJECT
- TRASH DUMPSTER
- BRADLED
- BRADLED
- BRADLE PRAMPET BHD
- BRIDGE PARAPET BHD
- BRIDGE RAAL
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         PASSENCER UNDER THE MILLENCE OF DRUGS
51 - PASSENCER UNDER THE MILLENCE OF ALCOHOL
52 - PASSENCER UNSTRUCTED DROVER'S VIEW
54 - PALL OFF VEHICLE
59 - OTHER
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            ROAD
61 - WET
62 - ILLY
63 - SLIBMY
64 - DEBMS
65 - RUTE, NOLES, BUMPS
65 - RUTE, NOLES, BUMPS
65 - ROAD BROBEL CONSTRUCTION/MAINTENANCE
67 - WOMN TRAVEL - POLISHED SLRFACE
60 - CHESTED BUT - STAFFACE
60 - TRAVEC CONTROL, DEVICE INOPERATIVE
70 - STRICES
73 - GTHER
75 - GTHER
             OTHER
                   90 - OTHER OBJECT (I.E., FOREIGN MATERIAL)
93 - ROAD DEFECT
98 - UNGOOWN
99 - OTHER
                                                              611 NARMONE POPIET LOCATION OF ATION TO ROADWAY
                   ON BOADWAY

OF -AT INTERSECTION IN CROSSWALK

OZ -AT INTERSECTION IN CROSSWALK

OS - NONJUNCTION IN CROSSWALK

OS - ON ISLAND

OS -ON ISLAND

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OS -OTHER
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1 - SMAKE
22 - STERMING
32 - FOWER FLANT
44 - SUSPENSION
54 - SUSPENSION
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55 - THES
66 - EDMALST
66 - EDMALST
66 - SEGMALS
60 - WINDOWS/WINDSHIELD
90 - RESTRAINT SYSTEMS
91 - WREEDS
92 - THEXX COUPLING
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      ON - OTHER
OF READWAY

20 - SHOULDER (OTHER THAN SHOULDER WITHIN MEDIAN OR GORE)

21 - MEDIAN (OTHER THAN MEDIAN WITHIN GORE AREA)

22 - SLAND

23 - OUTSIDE SHOULDER, LEFT

24 - OUTSIDE SHOULDER, REGNT

25 - DRIVEWAY ACCESS

26 - DRIVEWAY ACCESS

27 - RANDISCHE LEFT

28 - SOLDENER, REGNT

29 - SIDEWALK, LEFT

31 - SOCKE

31 - GORE

32 - OFFROMWAY, LOCATION UNKNOWN
                   31 - GORE
32 - OFF ROADWAY, LOCATION LINKNOWN
39 - OTHER
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      9-00FR
             OFF TRAFFICWAY
                   41 - OUTSIDE TRAFFICWAY, LEFT
42 - OUTSIDE TRAFFICWAY, RIGHT
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               - #37, 38 VEHICLE MANUEVER -
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            TURNING MOVEMENTS

30 - TURNING DETAILS UNKNOWN

31 - LET FROM LETT TIPM BAY

21 - LET FROM LETT TIPM BAY

22 - LET FROM LETT TIPM BAY

23 - LET FROM OTHER LAME LEGAL

25 - LET FROM OTHER LAME ALEGAL

25 - LET FROM OTHER LAME

27 - RIGHT ROM SPECIAL LAME

39 - RIGHT ROM SPECIAL LAME

39 - RIGHT ROM OTHER LAME LEGAL

40 - RIGHT ROM OTHER LAME LEGAL

41 - RIGHT GROM OTHER LAME
             MOVEMENTE ESSENTALLY STRAIGHT AMEAD

OD MOVING STRAIGHT DETAILS UNIQUOWN

OD STRAIGHT AMEAD IN PROPER DIRECTION

SICLUDING CURVES IN ROADWAY

OF STRAIGHT AMEAD IN PROPERT ON LEFT

LEFT OF CENTER LINE

OF OF STRAIGHT AMEAD

OF WEST DO CENTER LINE

OF STRAIGHT AMEAD

IN OUT OF CONTROL ON LEFT

OF STRAIGHT AMEAD

IN OUT OF CONTROL ON LEFT

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                                                                              NEHTS ESSENTALLY STRAIGHT AMEAD
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INTERSECTIONS OR RAILFOAD CROSSINGS:

O- NO DCTEMBAL CAUSE OF MANEUVER

01 - TRAFFIC SIGNAL

22 - STOP SIGN

03 - YIELD SIGN

04 - UNCONTROLLED INTERSECTION

05 - COLOSSWALL NOT AT INTERSECTION

05 - COLOSSWALL NOT AT INTERSECTION

05 - COLOSSWALL NOT AT INTERSECTION

05 - FOLICE OFFICER. SCHOOL CROSSING GUARD, ETC.

07 - RAILFOAD CROSSING

08 - RAILFOAD CROSSING

09 - OTHER CONTROL
TRAFFIC UNIT MAMELIVERING OR AVOIDING SOMETHING IN ROADWAY.
       10 - PEDESTRIAN
11 - PEDALCYCLE
12 - OTHER ROAD VEHICLE (EXCEPT PEDALCYCLE)
13 - OTHER VEHICLE
14 - ANNAL
                          - ANNAL - PROPRIED OF COMMAY - PROPRIED OBJECT IN ROADWAY - WATER, ICE, SHOW, OR HAZARDOUS SUBSTANCE ON ROAD - ROAD DEFECT - ROAD MANTENANCE OR CONSTRUCTION WORK - ROCE DOJECT OR STRUCTURE - ROS, SMOKE OR DUST - PREVIOUS ACCIDENT
   19 - RUED OBJECT OR STRUCTURE
20 - ROS, SANGE, OR DUST
21 - PREPARUS ACCIDENT
22 - CURVE N. ROADWAY
23 - RESTRUCTION IN ROADWAY WIDTH
25 - CHARGE IN ROADWAY ALIGMMENT
26 - SHOULDER
27 - LOOSE GRAVEL IN ROADWAY
28 - UNKNOWN OBJECT, EVENT, OR FEATURE
 TRAFFIC UNIT MANEUVER BECAUSE OF MECHANICAL FAILURE:
     29 - THE FAILURE
30 - STEERING GEAR FAILURE
31 - BROSHE FAILURE
31 - WHOSHED WHER FAILURE
33 - LOAD SPILLED OR DROPPED
34 - BNOVLED IN PREVIOUS ACCIDENT
35 - OTHER FAILURE
 TRAFFIC UNIT MANELVER FOR OWN INTENDED MOVEMENT:
     TRAHELO WIT MANEUVER FOR OWN PROPER DIRECTION,
SS - MOVING STRANGT AREAD IN PROPER DIRECTION,
INCLUDING CURVES IN ROADWAY
ST - MERICE WITH TRAFFIC ON RIGHT
38 - MERICE WITH TRAFFIC ON RIGHT
39 - LEFT TURN
49 - RIGHT TURN
   39 - LEFT TURN
41 - LI TURN
41 - LI TURN
41 - LI TURN
41 - LI TURN
43 - BRITER ROADWAY FROM ENTRANCE RAMP ON LEFT
43 - BRITER ROADWAY FROM ENTRANCE RAMP ON RIGHT
44 - BRITER ROADWAY FROM SHOULDER ON LEFT
45 - BRITER ROADWAY FROM SHOULDER ON RIGHT
45 - BRITER ROADWAY FROM PARRIGHE AT LEFT CURB
47 - BRITER ROADWAY FROM PARRIGHE AT RIGHT CURB
48 - LEAVE ROADWAY TO BRITE AND OR RIGHT
49 - LEAVE ROADWAY TO BROAD OR RIGHT
51 - LEAVE ROADWAY TO PARRIGHE AT LEFT CURB
51 - LEAVE ROADWAY TO PARRIGHE AT LEFT CURB
52 - LEAVE ROADWAY TO PARRIGHE AT LEFT CURB
53 - LEAVE ROADWAY TO PARRIGHE AT LEFT CURB
54 - LEAVE ROADWAY TO PARRIGHE AT LEFT CURB
55 - LEAVE ROADWAY TO PARRIGHE OR RIGHT
56 - BOARD OR DISCHARGE PASSENGER
50 - BACKOM
   TRAFFIC UNIT MANEUVER AROUND OTHER TRAFFIC UNIT
57 - OVERTIANNG SURJECT UNIT ON LEFT
58 - OVERTIANG SURJECT UNIT ON LEFT
59 - DEFANGING SURJECT UNIT ON RIGHT
59 - CHANGING SURJECT UNIT ON RIGHT
61 - MERGING LAUES TO LEFT
62 - MERGING FROM BLEFT
63 - ON RIGHT SIDE OF FROMOWY
64 - IN WYRDING PROM PROMY
65 - SWERVING DIELET
66 - SWERVING TO LEFT
67 - SLOWING TO RIGHT
67 - SLOWING TO RIGHT
67 - SLOWING OR STOPPING
69 - STOPPED TO RIGHT
67 - SLOWING OR STOPPING
69 - STOPPED TO RIGHT
71 - SKODDING SPANGEOR OR DISCHARGE PASSENGER
71 - JACK DIRWING
71 - THRUNG LEFT
72 - THRUNG LEFT
73 - THRUNG RIGHT
74 - THRUNG RIGHT
75 - THRUNG RIGHT
76 - THRUNG RIGHT
76 - THRUNG RIGHT
76 - THRUNG RIGHT
77 - THRUNG RIGHT
78 - THRUNG RIGHT
79 - BITTERING ROADWAY FROM RAMP ON LEFT
78 - BITTERING ROADWAY FROM RAMP ON LEFT
79 - BITTERING ROADWAY FROM RAMP ON LEFT
79 - BITTERING ROADWAY FROM RAMP ON LEFT
79 - BITTERING ROADWAY FROM RAMP ON LEFT
79 - BITTERING ROADWAY FROM RAMP ON LEFT
79 - BITTERING ROADWAY FROM RAMP ON LEFT
   TRAFFIC UNIT MANEUVER AROUND OTHER TRAFFIC UNIT($):
```

BITEN LEAVING TRAFFIC LAME

60 - LEAVING TRAFFIC LAME, DETAILS UNKNOWN

61 - TO EXIT RAMP ON LEFT

62 - TO EXIT RAMP ON RIGHT

63 - TO SHOULDER ON LEFT

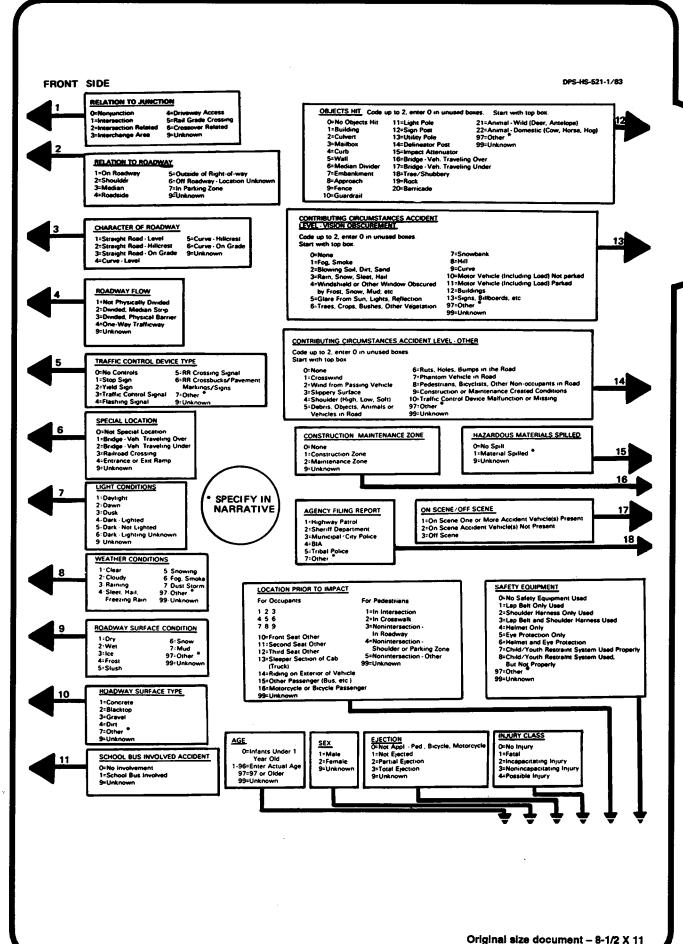
64 - TO SHOULDER ON RIGHT 65 - TO PARKING SPACE AT LIEFT CURB 66 - TO PARKING SPACE AT RIGHT CURB 67 - TO DRIVEWAY ON LIEFT 68 - TO DRIVEWAY ON RIGHT 66 - 10 DRIVEWAY ON INGEST
PARKING ON ON READERST TO TRAFFIC LAISE
70 - PARKING, DETAILS UNICOONN
71 - ON LET'S SOULDER
72 - ON ROOT SHOULDER
74 - AT RIGHT CHIE
75 - AT RIGHT CHIE
75 - IN TRAFFIC LAISE ON HEST (RURAL)
75 - IN TRAFFIC LAISE ON HIGHT (RURAL)
77 - DOUBLE PARKED ON LIGHT
78 - DOUBLE PARKED ON MIGHT
78 - DOUBLE PARKED ON MIGHT 78 - DOUBLE PARKED ON RIGHT

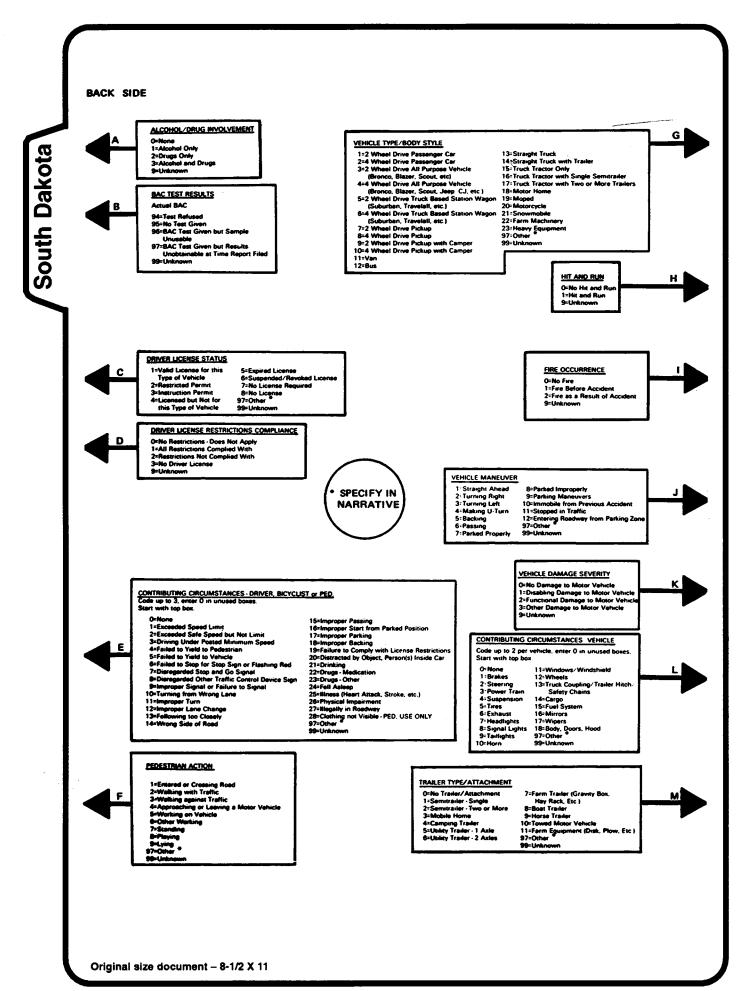
MISCELLAMEDUS MOVEMENTS
80 - OTHER MISCELLAMEDUS, DETAILS UNKNOWN
11 - BACKING IN ROADWAY
22 - BACKING FROM MAGILE, PARKING ON LEFT
33 - BACKING FROM MAGILE, PARKING ON RIGHT
44 - BACKING ARRESS TRAFFIC
45 - BACKING ON SHOULDER
46 - VEHICLE PUSHED BY FOTHER VEHICLE
47 - VEHICLE PUSHED BY FOTHER VEHICLE
48 - DRIVERLESS VEHICLE IN MOTTON
48 - DRIVERLESS VEHICLE IN MOTTON
59 - NOT IN MOTTON (PARKED, ABANDONED, OR STANDING)
59 - UNKNOWN

#35 AND 36 DRIVER INTENTIONS TRAFFIC UNIT MAKELIVERING FOR TRAFFIC CONTROLS INTERSECTIONS OR RAILROAD CROSSINGS:

Date of Accident And Time MO. DA YR. 24 Hour Clo		Tues. Wed.	Thurs.	🔲 Fri.	☐ Sat.	☐ Uni	
i	1						
County	1 111	cident Occurred In/					
	S E W □ □ ofMRM Ŀ	[7	
(1st) Miles & Tenths	. (Milepost)		Displace	ement x		System	<u>-</u>
	of or City Limits	of		^	` _		
•	,			,	′		
Road on Which Accident Occurred.		-	_				
At Its Intersection With		— <u> </u>					
If Not At Intersection	_Feet O O Of	Clas		Hwy No	· 	Suffix	
- MOTOR VEHICLE	□- PEDESTRIAN	(Show Nearest Intersect	MOTOR VE		□-PEDE		
UNIT 1 -BICYCLE DR0		I HAUT O		R. D-OT		STRIAN	
ull Name (Last, First, Middle)		Full Name (Last, First, Mid	ddle)				
Address	City State	Address			City	Stat	e
ate Of MO DA YR Driver's Licen	se Number	Date Of MO DA YR Birth	Driver's	icense Nu	mber		
State Of Lic. List Restriction(s) N	lot Complied With None or N	A State Of Lic. List	Restrictio	n(s) Not Con	nplied With	☐ Nor	ne or NA
Offense(s) Charged Yes	No Pending	Offense(s) Charged	☐ Yes	□ No	☐ Pe	nding	
owner's Full Name	Driver	Owner's Full Name Cr	eck If Sar	ne As Drive	Pr .		
Address	City State					· · · · · · · · · · · · · · · · · · ·	
		Address			City	Stat	•
Model Yr. Make Mode		Model Yr Make		Model			
ehicle Registration Plate No	Plate Yr State	Vehicle Registration Plate	No		Plate Yr	Stat	•
ehicle Identification No. (VIN)	No Of Occupt	Vehicle Identification No. (VIN)		A	No. Of	Occupts
railer Owner's Full Name	No Trailer	Trailer Owner's Full Name	•	☐ No Ti	railer		
Address	City State	Address			City	State	
railer Registration Plate No.	Plate Yr. State	Trailer Registration Plate I	No.		Plate Yr.	State	
			JNIT OFF	AGE SEX		N- LOCA-	SAFETY
			NO ICE USE	-JE 3E	TION J	URY TION	EQ
INIT 1 MV DRIVER - PEDES	TRIAN - BICYCLE DR	OTHER					
JNIT 2 - MV DRIVER - PEDES	TRIAN - BICYCLE DR	OTHER					
Name, (Last, First, M.I.)	Address						
lame, (Last, First, M.I.)	Address	•	\top				
Name, (Last, First, M.I.)	Address		+-	-	++	1-1	
			44		+		
lame, (Lest, First, M.I.)	Address	I I	, ,				

						-	
	Police Notification Date MO. DA YR.	And Time 24 Hour Clock	Police Arrival Date MO. DA YR.	And Time 4 Hour Clock	Officer Filling Report		Photos Taken 1
ئا	Officer Approving Report	<u>i</u>	Approval Date MO. DA Y	R. Agen	cy Name	No. Motor Vehicles	No. Motor Vehicle Drivers
	List Damaged Objects:		List Owner And Address:	I		List Damage Amount in Dollars for Objects:	•
	EVENT an injur	n vehicle state the eve y has precedence ove	int which caused the most har er damage to the vehicle. (Se	m to the vehicle e examples in	e or its occupants. A death to an oc instructional manual)	cupant has preceder	H
	VEH. 1: VEHICLE 1 DAMAGE AREA (Shade Demaged Areas)	DI 11	MRECTION OF N S E W PRINCE CODENT		VEHICLE 2 DAMAGE AREA (Shade Damagad Area)	DIRECTION OF TRAVEL BEFORE [ACCIDENT	N \$ E W Parked 2
		7	PEED LIMITIMPHI	리 [SPEED LIMITIMAN EST TRAVEL SPEED	
2	TOP BOTTOM [Property Domage Amount You And Contonts	T BOLLOVER SP	eed-How Officer Estimate timated Driver Statemen Occupent Statem Witness Statemen	nent Property	fah	Speed-How (Officer Estimate Driver Statement Occupent Statement Witness Statement
1			PROOF OF FINA	NCIAL RES			No Estimate EFF. DT.
-	UNIT 1 Policy #		EXP. DT.	Insurer:			EXP.
	NARRATIVE: DE	SCRIBE WHAT	HAPPENED				1 2
		······································					
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			ACCID	ENT DIAG	RAM		-
	INDICATE						
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		YPE ACCIDE	2	3	<u> </u>	 TOTA		9		TOTAL	1 / 2 1	M.			2[]AM]PM	T-	1 🗆	PM	10	YES :	2□ NO
1 FATAL 2				PERT	Y DAMAGE	VEH	CLES	TOTA	1	INJURE		TOTAL	RED			YES 2	- la	F YES, BY V				
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OR: NEAREST INT	FRSEC	TION BRID	GE DD	renes	SING (HOLI	e No	CEN 0		Ц								-		<u>L</u>	Ш		USINESS ESIDENTIA
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LICENSE PLATE N	0.	STATE	YEAF	₹ V	ÆH. PULLI	NG TRA	ILER?	TRAIL	ER I	/EH. DI:	SABLED	7 V	ÆH. T	OWED	?	IF TOV	VED, WH	ERE?		 .		
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DRIVER'S FIRST	۷ ب	<u>/</u>	ı		LAST			_	DOS: MO.					NDER ENSE			3 □ ov	ER \$400 STATE	\dashv	(Shade	Damage	d Areas)
NAME									MO.	DAY	YR.									_ /	1	_
DRIVER'S ADDRESS						CITY	′		STA	TE.		1	ZIP			TELEPHO	NE NUM	BER	1			2
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·	* ·				29	17552	
PEDESTRIAN ACTION ("X" all that apply) Was Pedestrian Involved? 1 YES 2 NO 1 Crossing at intersection-with Signal 2 Same-Against Signal 3 Same-No Signal 4 Same-Diaconally			ACCIDENT INVOLVED 1 Motor Vehicle/Other Mo 2 Motor Vehicle/Railroad 3 Motor Vehicle/Familing 4 Motor Vehicle/Animal D 5 Motor Vehicle/Bicycle	Frain Iement	OTHER PROPERTY YES NO AMOUNT OF DAMA 1 UNDER \$400	Yes: PUBLIC PRIVATE	
5 Crossing Not at Intersection Was Crosswalk Available? 1 YES 2 NO Was Crosswalk Marked? 1 YES 2 NO			6 Motor Vehicle/Other Per Type Pedalcycle?	falcycle	OWNER:	020011440	
Was Pedestrian Within Crosswalk Markings or Exte	nsion of Sidewalk L	ines? 1 TYES 2 NO	7 Motor Vehicle/Animal 8 Motor Vehicle/Pedestria 9 Motor Vehicle Miscellan		ADDRESS		
6 Coming from Behind Parked Cars 8 Standing in Safety Zone 9 Getting On or Off Other Vehicle			Type Action? 10 Motor Vehicle Overturne				
10 Pushing or Working on Vehicle 11 Other Working in Roadway 12 Playing in Roadway			Motor Vehicle Ran Off Roadwr 11 Overturned 12 Struck Fixed Object Type Object?	ny And	DESCRIBE PROPER	тү	
14 Lying in Roadway 7 Walking in Roadway a. With Traffic			13 D Other				
b. Against Traffic Was Sidewalft Available? 1 YES 2 NO 16 Walsing Beside Roadway a. With Traffic b. Against Traffic Was Sidewalft Available? 1 YES 2 NO Was Pedestrian on Sidewalf? 1 YES 2 15 Not in Roadway, Other			(explain) TYPE OF COLLISION Head-on Gar and Angle Sideswipe-Same Directi Sideswipe-Opposite Din Other	1	DNDITIONS lawn laylight lusk lark (No Street Lights) lark (Street Lights On) lark (Street Lights Off)	WEATHER CONDITIONS 1	
(ехр	lain)		(explain)			(explain)	
ROADWAY TYPE-1 ("X" one) VEH	VEH 1 2 3	np (Entrance/Exit) Lane Lane ded Lanes (explain)	ROADWAY HAZARDS ("X" all VEH 1 2 5	s ement Markings Irface	11	rots ght Yellow (Caution) Red (Stop) Control n n n top	
(explain)	_	(explain)	(explain)		13 Construct 5 RR Cros 6 RR Flasi		
ROADWAY SURFACE TYPE VEH	ROADWAY SUF	RFACE CONDITIONS	ROADWAY CHARACTER ("X"	wo)	7 GRAGate	8	
1 2 1 🔲 🗖 Asphalt	1 2 4 🗆 🗖 Dry		1 2 1 🗆 Curve		(explain)	
4	3	w 	2		Veh. 1 Veh. 2 Was Traffic Cont	c Control Visible? YES □NO YES □NO INO Tot Functioning Property? YES □NO	
(explain)		(explain)				O YES ONO	
DRIVER CONTRIBUTING FACTORS ("X" all that ap DRIVER	opły)	TYPE OF ACTION ("X" all that app DRIVER	oly)		NTION ("X" all that apply VEH. 1	VEH.2	
1 2: 11 None 5 Drinking		1 2 1 □ □ Going Straight 18 □ □ Negotiating Curve		Was vehicle mov prior to investiga		1 □ YES 2 □ NO	
6 Speeding 1 Failure to Yield 2 Following too Closely 14 Reckless Driving		19 Department Plans Plan	Drive mitted	Was vehicle burn	2 🗆 NO	1 YES 2 NO	
3 Improper Passing 4 Improper Turn		21 Right Turn on Red Not 5	íve	Was vehicle mod If yes, explain?	lified? 1 ☐ YES 2 ☐ NO	1 DYES 2 DNO	
8 Disregard Signal or Sign 9 Wrong Side of Road 15 Wrong Way 7 Weather 13 Vision Obstructed By What?		22	r Signal or Sign r Turning Traffic r Entering Traffic ther	VEHICLE DEFE Did officer check for defect?	VEH. 1 1 YES 2 NO	VEH. 2 1 □ YES 2 □ NO	
(explain) CONDITION OF DRIVER or PEDESTRIAN	<u> </u>	12 Stopped in Traffic Land 13 Parked (Legally - 1 Stopped in Traffic Land 14 Stopped in Traffic Land	9 1 YES 2 🗆 NO)	("X" all that apply VEH	()		
("X" all that apply) 1 2 P		15 D Backing from On-Stree	et Parking Space Drive	1 🗆 🗆 Defe	Apparent Defects		
2 🗀 🖸 🗎 Had Not Been Drinking 3 🗎 🗎 Had Been Drinking		16 Other	(explain)	3 Defe	ctive Steering Mechanis	m	
6 Physical Defect 7		HAZARDOUS CARGO Did Accident Involve Hazardous Ci (If yes, "X" all that apply)		9 Defe	octive Headlights active Headlights active Signal Lights active Tail Lights active Other Lights		
8		VEH 1 2 0	9 🗆 🗆 Misc				
· · · · · · · · · · · · · · · · · · ·			(explain)	ı			

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001//50	CONTRIB	(explain)	CTORS	erer all sta	at onaby)	(explain) TYPE OF ACTION ("x" all that apply)							_	Veh. No			YES NO					
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5 🗆 l		Drinking Speeding	19			18 🔲 🖸		Negoti Passin	ating g or C	Curve Overtakii		other Veh	nicle		Was vehicle moved 1 □ YES 1 □ YES 1 □ YES prior to investigation? 2 □ NO 2 □ NO 2 □ NO							
2 🔲		Followi	to Yield ng too Cl is Driving			3 2 20		Right	furn t	o Private o Street on Red P	: Permit	ted		V	Vas vehicle burn	ed? 10	YES 1 0 YES 1 0 NO 2 0 NO 2 0	YES 1 TES				
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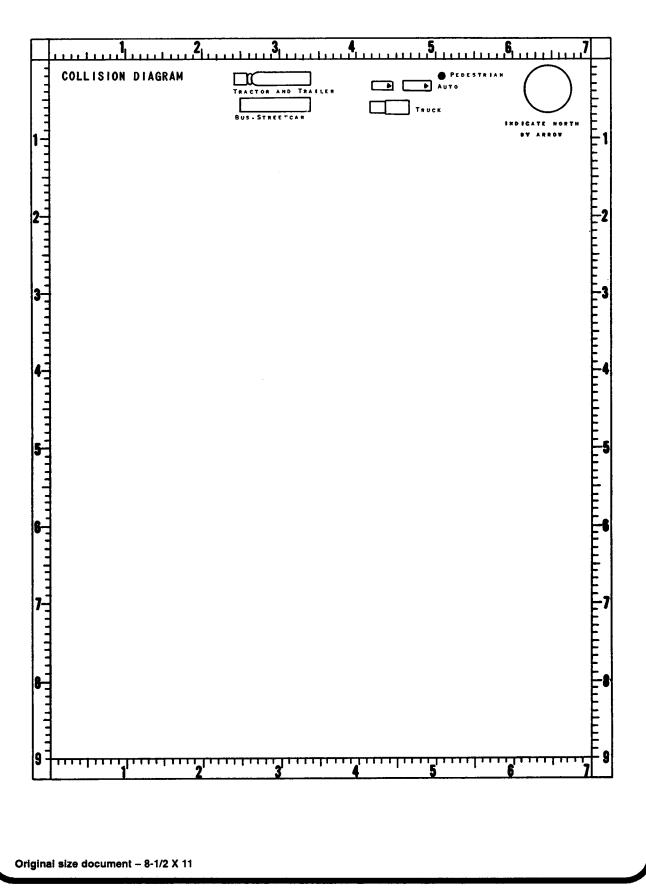
TDS-SR-1-0 SF-0602 TEN	NESSEE UI	NIFORM TRAF	FIC ACCIDENT REPORT	_a	CCI	UPA	NT SI	JPPL	EM!	ENT		PAG	ìF	of		
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REPORTING AGE 1 THP 3 2 2 CPD 4	SO	NAME OF INVESTIGA	TING AGENCY				COU	NTY:		cc	DE	M	O. DATE	OF A	CCIDE	YR.
	NAME			- Age	Sex	Injury		Ejected	Seat	Helmel		Alcol	nol		Dru	gs.
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☐ 1 DRIVER ☐ 2 PASSENGER	OR		ZIP	- 🗀	м		2	YES	YES	YES	YES		YES	YES	POS	YES
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	NAME			- Age	Sex	Injury		Ejected	Seat	Helmet		Alcor	ol		Dru)8
UEH NO	ADDRESS SAME	AS: (DRIVER/ OWI		-	.	Code	Postion	۴.	Beit			Result	Refused	1	Result	Refused
C 2 PASSENGER L) 3 PEDESTRIAN	TAKEN TO	BY	ZIP	[]	۳			YES	YES	YES	YES		YES	YES	├	YES
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VEH NO	ADDRESS SAME	AS: (DRIVER/ OW	VER) OF VEHICLE	- Age	Sex	Injury Code	Seating Postion	Ejected	Seat Belt	Helmet	Test	Alcoh	Refused	Test	Drug Result	Refused
∷ 1 DRIVER ∷ 2 PASSENGER	OR		ZIP	-	м	0		YES	YEŞ	YES	YES		YES	YES	POS	YES
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2 PASSENGER	OR	BY	ZIP	<u> </u>	м	2		YES	YES	YES	YES		YES	YES	POS	YES
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UEH NO		AS: (DRIVER/ OWN		H		Code	Postion		Belt		-	Result	Refused	Test	Result	Refused
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U. LUCSTRIAN		AL FACILITY (AMBULANI	CE SERVICE NAME OR PRIVATE PARTY	+-	-	4		NO	NO	NO	NO		NO	NO	NEG	NO
VEH NO	ADDRESS SAME	AS: (DRIVER/ OWN	ER) OF VEHICLE	Age	Sex	Injury Code	Seating Postion	Ejected	Seat Bett	Helmet	Test	Alcoho	Refused	Test	Drug: Result	Refused
☐ 1 DRIVER ☐ 2 PASSENGER	OR		ZIP		м	. 0 1		YES	YES		YES		YES	YES	POS	YES
3 PEDESTRIAN	TAKEN TO MEDIC	AL FACILITY (AMBULANC	CE SERVICE NAME OR PRIVATE PARTY		F	3		NO	NO	NO	NO	Ì	NO	NO	NEG	NO
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: 1 DRIVER	ADDRESS SAME	AS: (DRIVER/ OWN	•	H	\dashv	Code	Postion		Belt	-		Result	Refused	\neg		
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INVESTIGATING O	FFICER RANK & N.	AME (Print Name)			T	BADG	E/ID NO	. 0	ST/ZC	NE	CAR.	NO.	,		RT DAT	
													MO	(DAY 1	YR.
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		LIST BELOW ALL CHILD PASSENGERS	UNDEF	F	OUR	(4) Y	EAR	<u> 0</u>	F AG	E			
	NAME		Age	Sex	Injury	Seating	Ejected	Seat	Heimet	Held		_	INT DEVICE
VEH NO	ADDRESS	SAME AS: (DRIVER) OWNER) OF VEHICLE		-	Code	Postion		Belt					Used Properly
	OR	ZIP	Yrs.	M		i	YES	YES	YES	YES	YES	YES	YES
	TAKEN TO	MEDICAL FACILITY (AMBULANCE SERVICE NAME OR PRIVATE PARTY	Mos.	F	3		Ю	NO	NO	NO	NO	NO	NO
	NAME		Age	Sex	Injury Code	Seating Postion	Ejected	Seat Belt	Helmet	Held	_	_	Used Properly
VEH NO		SAME AS: (DRIVER/ OWNER) OF VEHICLE		 	0000	POSITION				250		_	YES
	OR TAKEN TO	ZIP	Yrs.	<u> </u>	1 2		YES	YES	YES	YES	YES	YES	
	TAKENTO	MEDICAL FACILITY (AMBULANCE SERVICE NAME OR PRIVATE PARTY	Mos.	F	-3		NO	NO	NO	NO	NO	NO	NO
	NAME		- Age	Sex	Injury Code	Seating Postion	Ejected	Seat Belt	Helmet	Heid			Used Properly
VEH NO		SAME AS: (DRIVER/ OWNER) OF VEHICLE	V	м	-		YES	YES	YES	YES	YES	YES	YES
	OR	ZIP	Yrs.	-	H		100	NO	NO	NO	NO.	NO	NO
		MEDICAL FACILITY (AMBULANCE SERVICE NAME OR PRIVATE PARTY	Mos.	F	<u> </u>		NO	NO	NO	NO	_		
	NAME		- Age	Sex	Injury Code	Seating Postion	Ejected	Seat Belt	Helmet	Held		_	Used Properly
VEH NO	ADDRESS OR	SAME AS: (DRIVER/ OWNER) OF VEHICLE	Yrs.	м	-		YES	YES	YES	YES	YES	YES	YES
	TAKEN TO		1	F	一		NO	NO	NO	NO	NO	NO	NO
	<u> </u>	MEDICAL FACILITY (AMBULANCE SERVICE NAME OR PRIVATE PARTY) MOS.	Ľ.	-								AINT DEVICE
VEH NO	NAME _	SAME AS: (DRIVER/ OWNER) OF VEHICLE	Age	Sex	Injury Code	Seating Postion	Ejected	Seat Belt	Helmet	Held			Used Properly
VEH 140	OR	SAME AS: (DRIVER DOWNER) OF VEHICLE	_ Yrs.	м	-		YES	YES	YES	YES	YES	YES	YES
		BY	5 Mos.	F			NO	NO	NO	NO	NO	NO	NO
	1	MEDICAL PACIETY (AMBULANCE SERVICE NAME OF PRIVATE PARTY	/	┢	Inium	Seating		Seat	_	_	CHILD	RESTR	AINT DEVICE
VEH NO	NAME	SAME AS: (DRIVER/ OWNER) OF VEHICLE	- Age	Sex	Injury Code	Postion	Ejected	Belt	Helmet	Held	Available	Used	Used Properly
	OR		_ Yrs.	м		1	YES	YES	YES	YES	YES	YES	YES
	TAKEN TO	BY	Mos	F			NO	NO	NO	NO	NO	NO	NO
		MEDIOCI POLITI PARABOTTO CONTROL DE LA CONTR		1.	Injury	Seating		Seat			CHILD	RESTR	AINT DEVICE
VEH NO	NAME _	SAME AS: (DRIVER/ OWNER) OF VEHICLE	Age	Sex	Code	Postion	Ejected	Bett	Helmet	Heid	Available	Used	Used Properly
	OR	ZIP	_ Yrs	м		4	YES	YES	YES	YES	YES	YES	YES
	TAKEN TO	BY MEDICAL FACILITY (AMBULANCE SERVICE NAME OR PRIVATE PARTY	n Mos	F	\blacksquare	Ħ	NO	NO	NO	NO	NO	NO	NO
_	NAME _		- Age	Sex	Injury	Seating	Ejected	Seat	Helmet	Held		_	AINT DEVICE
VEH NO		SAME AS: (DRIVER/ OWNER) OF VEHICLE		<u> </u> ~~	Code	Postion	2,00.00	Belt	-	-	 	-	Used Properly
	OR	ZIP	Yrs	. м			YES	YES	YES	YES	YES	YES	YES
	TAKEN TO	MEDICAL FACILITY (AMBULANCE SERVICE NAME OR PRIVATE PART)	n Mos	. F			NO	NO	NO	NO	NO	NO	NO
	NAME _		- Age	Sex		Seating	Ejected	Seat	Helmet	Held		_	AINT DEVICE
VEH NO	ADDRESS	SAME AS: (DRIVER/ OWNER) OF VEHICLE		╀	Code	Postion	<u> </u>	-	H	1	Available	+	Used Properly
	OR	ZIP	- Yrs	+-	F	1	YES	YES	+	YES	YES	YES	YES
	TAKENTO	MEDICAL FACILITY (AMBULANCE SERVICE NAME OR PRIVATE PARTY	(r) Mos	. F		<u> </u>	NO	NO	NO	NO	NO	NO	NO
		ADDITIONAL	. CHARG	ES									
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NAME			NAME										
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COURT DIV.													
CITATION NO). <u> </u>	CHARGES	CITATION N	o				<u>—</u> '	CHARG	ES _			
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T N	(2) Name	·	,			Ag				ace			Sex
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s	Addre	?\$\$				(Bu	usines	s Pho	one)		Resider	nce P	hone)
S	(3) Name					Αg				tace			Sex
S													
	AUGIT	988				(Bu	sines	s Pho	one)		Resider	nce P	hone)

TENNESSEE UNIF	ORM TRAFFIC ACCIDENT REPORT — DIAG	RAM SUPPLEMENT	ŀ	PAGE	of	
DO NOT USE THIS BLOCK	DOCUMENT CONTROL NUMBER (DO NOT USE)	LOCAL AGENCY US	E	REFERENC	E NUMBER	
REPORTING AGENCY 1 THP 3 SO 2 CPD 4 OTHER	NAME OF INVESTIGATING AGENCY	COUNTY:	CODE	MO.	E OF ACCIDE DAY	NT YR.
DESCRIBE WHAT HAP	PENED					
						
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			SIGNAI	ONE OF IN	IVESTIGA	HOH

RDA -1348

SF-0884 (2-90)



	NIFORM TRAFFIC ACC		T TABLE O	F MEASURES	PAC	E	of	
DO NOT USE THIS BLOCK	DOCUMENT CONTROL NUMBER	ER (DO NOT USE)		LOCAL AGENCY US	Æ	REFEREN	CE NUMBER	
REPORTING AGENCY	NAME OF INVESTIGATING AGE	ENCY		COUNTY:	CODE		OF ACCIDE DAY	NT Y
cation: County			Date			·		
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eference Point #			Reference	Point #				
eference Line			Reference	Line				
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SPOT	From "RP" (NSEW)	From Ref. Line (NSEW)		SPOT		"RP" EW)	Fro Ref. (NSI	Line

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TABLE OF MEASURES TRIANGULATION

MEASURES BETWEEN POINTS

			From	То	Distant
RP1					
nri					
RP2	<u></u>				
	1	T			
SPOT	From RP #	From RP #			:
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Other Measures — Vehicles, gouges, skidmarks, etc.	Length	Width	Height	Depth	Other

		JS SUPPL	EMENT									Pag	e	<u> of</u>		_
O NOT USE	THIS BLOO	DOCU	MENT CON	TROL NUM	MBER					LOCAL AG	ENCY USE		REFERENC	E NUN	IBER	_
1. —	TH		so oth	Y MER	_ a.m. _ p.m.	Did the A 1. 1 2. E 3. F 4. II	Accident Fruck with STOP Person(s njured F /ehicle(STOP	involve th at lea seats to lif resp s) fatally Person(s) Towe lif resp	e ast 2 for moonse y inju s) taked fro ponse	axles, 6 tires ore than 15 p to both ques red? een away for m scene? to 3, 4, and nd 5 is "YES"	or haz. m people, inc stions is "N medical at 5 is "NO".	at. placard luding the IO" Do tention?	driver? Not Fill Out	YES YES Form. YES YES YES YES		N N N N
		of Vehicles Accident			r of FATALIT sult of Accide					f INJURIES of Accident	:	was	result of A any Vehic Yes	le Tov		
OUNTY		CODE	CITY			CODI	E Loca	ation: Nu	ımber/	Name of High			-		S.R. NO	
VEH. LIC	ENSE PLA	TE NO.	STATE	YEAR	VIN (Vehicle Ide	entification Nu	ımber)									
ARRIER'S IC S DOT (6 Dig		TION NUMBER		CC MC (6	Digit Number)			OT US I	от с	OR ICC MC, the		me and Nu NUMBER	mber	=		-
ARRIER'S N	AME:		-				- -		Source of Ca	rrier	2	Vehicle				-
ARRIER'S AI	DDRESS		(Street o	r PO Box)			Ċ	ity	Name	# 	3	_ Driver State		ZIP Co	de	_
ross Veh. Wt	. Rating	Axles on Vet including train		HAZ MA VEH hav	T INVOLVEMENT Place HAZ MAT Place	IT: Did card? — No	Vehicle	azardous release m fuel ta Yes	d? (dō	not count	HAZ MA	T Name:	Nos. from 4-digit		lat Plac 1-d	
RUCK OR BU		R'S NAME	First	1		МІ		DOB Day	Yr.	DRIVER LI	L CENSE N	D.		_	STATE	=
VEH. LIC	ENSE PLA	TE NO.	STATE	YEAR	VIN (Vehicle Ide	entification Nu	mber)									-
ARRIER'S ID S DOT (6 Dig	ENTIFICAT it Number)	ION NUMBER		CC MC (6	Digit Number)		IF:	NOT US	S DOT	OR ICC MC,	then State I STATE	Name and N NUMBER	lumber			_
ARRIER'S N	AME:						<u>- 1 · </u>		Source of Ca Name	rrier		Vehicle Shipping				=
ARRIER'S AL	DDRESS	-	(Street o	r PO Box)			С	ity				State		ZIP Cod	de	
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RUCK OR BU	Ibs. JS - DRIVE	ER'S NAME	First	ı ··- 		MI	1	DOB Day	Yr.	2 No DRIVER LI	L CENSE N	D	J		STAT	Ē
VESTIGATIN	IG OFFICE	R RANK & NA	ME (Print Na	ame)				1		BADGE/ID	NO. DI	ST/ZONE	CAR NO.		ORT D DAY	

		Page of
WEATHER CONDITION	LIGHT CONDITION	ROAD SURFACE CONDITION
1. No Adverse Condition 2. Rain 3. Sleet, Hail 4. Snow 5. Fog 6. Blowing Sand, Soil, Dirt, or Snow 7. Severe Crosswinds 8. Other 9. Unknown	1. Daylight 2. Dark - Not Lighted 3. Dark - Lighted 4. Dawn 5. Dusk 9. Unknown	VEHICLE 1. Dry 2. Wet 3. Snow or Slush 4. Ice 5. Sand, Mud, Dirt or Oil 8. Other 9. Unknown
TRAFFIC	WAY	ACCESS CONTROL
VEHICLE 1. Not Physically Divided (2-way 2. Divided Highway, Median Stri 3. Divided Highway, Median Stri 4. One - Way Trafficway	p, Without Traffic Barrier	VEHICLE 1. No Control (unlimited access) 2. Full Control (ONLY ramp entry and exit) 3. Other
VEHICLE CONFI	GURATION	CARGO BODY TYPE
1. Bus 2. Single-unit truck: 2 axles 3. Single-unit truck: 3 or mode 4. Truck/trailer 5. Truck tractor (bobtail) 6. Tractor/semi-trailer 7. Tractor/doubles 8. Tractor/triples 9. Unknown heavy truck, care	re axles	VEHICLE 1. Bus 2. Van/enclosed box 3. Cargo tank 4. Flatbed 5. Dump 6. Concrete mixer 7. Auto transporter 8. Garbage/refuse 9. Other
SEQUENCE OF	EVENTS	APPARENT DRIVER CONDITION
Circle the numbers (up to four) that best described sequence of events for that vehicle. VEHICLE	ibe the	DRIVER (Note: Check only ONE VEHICLE condition per driver)
1 2 3 4 1 2 3 4 Collision ir 1 2 3 4 1 2 3 4 Collision ir 1 2 3 4 1 2 3 4 Collision ir 1 2 3 4 1 2 3 4 Collision ir 1 2 3 4 1 2 3 4 Collision ir 1 2 3 4 1 2 3 4 Collision ir 1 2 3 4 1 2 3 4 Collision ir 1 2 3 4 Collision ir	unaway or shift or fire	1. Appeared Normal 2. Had Been Drinking 3. Illegal Drug Use 4. Sick 5. Fatigue 6. Asleep 7. Medication 8. Unknown

	ST-3 (Eff. 9/2/93) MAIL TO: S	SIMIISTICAL SERVICES, TEAMS DEF	ARTMENT OF PUBLIC SAFETY, PO I	80X 4087, AUSTIN TX 78773-0001
PLACE WHERE ACCIDENT OCCURRED				LOC. NO
COUNTY		TOWN	F INSIDE CITY LIMITS	<u></u>
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN	MILES NORTH	S E W OF	CITY OR TOWN	DO NOT WRITE IN THIS SPACE
				DPS NO
ROAD ON WHICH ACCIDENT OCCURRED		701	NSTR. 🗆 YES SPEED	LOC
INTERSECTING STREET OR RR X'ING NUMBER BLOCK NUMBER		HMBCB OR STREET CODE	NSTR YES SPEED	CODE SEVERITY
NOT AT INTERSECTION			MAY. E POINT.	FAT. REC DR. REC
DATE OF ACCIDENT	DAY OF	HOUR	A.M. IF EXACTLY NOON P.M. OR MIDNIGHT, SO STATE	PAL REG URL REG
UNIT			IE DONY STYLE	= VAN OR BUS.
NO. 1 - MOTOR VEHICLE			INDICATE SEATI	NG CAPACITY
YEAR COLOR MODEL & MAKE	MODEL NAME	800Y STYLE	LICENSE PLATE	
DRIVER'S NAME		DORESS CITY	PHONE	
DRIVER'S LAST FIRST			OCCUPATION	
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSI 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-	iis)	YEAR LYSIS RESULT	PEACE OFFICER, EMS D	
OWNER MAME (ALWAYS SHOW LESSEE IF LEASE LIABILITY YES	D, OTHERWISE SHOW DWINER)	ADORESS	CITY	STATE
INSURANCE NO	SURANCE COMPANY NAME	POLICY NUMBER	VEHICLE DAM	AGE RATING
UNIT MOTOR VEHICLE TRAIN PE	DAL OWN LOT [7]		IF DODY OTHER	
NO. 2 TOWED PEDESTRIAN OTHER	R 🗆 VEH IDENT NO		INDICATE SEATI	= VAN OR BUS, NG CAPACITY
YEAR COLOR	MODEL	BODY		
MODEL & MAKE	MODEL NAME	STYLE	LICENSE PLATE	
MODEL & MAKE DRIVER'S	NAME	STYLE	PLATE YEAR PHONE HIMBER	STATE NUMBER
MODEL & MAKE ORIVER'S NAME DRIVER'S LAST FIRST	NAME	STYLE	PLATE	STATE MUMBER
MODEL & MAKE DRIVER'S NAME DRIVER'S LAST FIRST LICENSE STATE NUMBER	NAME	STYLE	PLATE YEAR PHONE YEAR STATE NUMBER OCCUPATION	
MODEL & MAKE ORIVER'S NAME DRIVER'S LICENSE STATE SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSI 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5- LESSEE	NAME	STYLE	PLATE YEAR PHONE NUMBER OCCUPATION PEACE OFFICER, EMS D	RIVER,
MODEL & MAKE DRIVER'S LAST FIRST LICENSE SPECIMEN TAKEN (ALCOHOL/DRUG ANALYS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE S- LESSEE OWNER MAME (ALMAYE SHOW LESSEE IF LEASE	NAME T MIDDLE A CLASS/TYPE DOB MO DAY IS) -REFUSED ALCOHOL/DRUG ANAI	DORESS CITY YEAR RACE SEX	PLATE YEAR PHONE NUMBER OCCUPATION PEACE OFFICER, EMS D	RIVER,
MODEL & MAKE DRIVER'S LAST FIRST LICENSE STATE SPECIMEN TAKEN (ALCOHOL/DRUG ANALYS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5- LESSEE OWNER NAME (ALMAYE SHOW LESSEE IF LEASE LIABILITY YES LIABILITY YES MAKE	NAME T MIDDLE A CLASS/TYPE DOB MO DAY IS) -REFUSED ALCOHOL/DRUG ANAI	DORESS CITY YEAR RACE SEX L	PLATE YEAR PHONE NUMBER STATE OCCUPATION PEACE OFFICER, EMS D FIRE FIGHTER ON EMER	RIVER, GENCY? YES NO
MODEL & MAKE DRIVER'S LAST FIRST LICENSE STATE SPECIMEN TAKEN (ALCOHOL/DRUG ANALYS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5- LESSEE OWNER NAME (ALMAYE SHOW LESSEE IF LEASE LIABILITY YES LIABILITY YES MAKE	NAME T MIDDLE A CLASS/TYPE DOB NO DAY IS) REFUSED ALCOHOL/DRUG ANAI ED, OTHERWISE SHOW OWNER) SURANCE COMPANY MAME	DORESS CITY YEAR RACE SEX LYSIS RESULT ADDRESS	PLATE YEAR PHONE STATE NUMBER	RIVER, GENCY? YES NO
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MODEL & MAKE DRIVER'S NAME DRIVER'S LAST FIRST LICENSE SPECIMEN TAKEN (ALCOHOL/DRUG ANALYS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5- LESSEE OWNER MAME (ALMAYE SHOW LESSEE IF LEASE LIABILITY	NAME T MIDDLE A CLASS/TYPE DOB NO DAY IS) -REFUSED ALCOHOL/DRUG ANAI EO, STHERWISE SHOW OWNER) SURANCE COMPANY HAME LES KAME AND ADDRESS OF OWNER	DORESS CITY YEAR RACE SEX L LYSIS RESULT ADDRESS POLICY NUMBER	PLATE YEAR PHONE NUMBER STATE OCCUPATION PEACE OFFICER, EMS DI FIRE FIGHTER ON EMER CITY VEHICLE DAM FEET FROM CURS	RIVER, GENCY? YES NO STATE AGE RATING SAME CETHALE
MODEL & MAKE DRIVER'S LAST PRET DRIVER'S LICENSE SEXTE SPECIMEN TAKEN (ALCOHOL/DRUG ANALYS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5- LESSEE OWNER MAME (ALWAYS SHOW LESSEE IF LEASE LIABILITY YES INSURANCE NO MI DAMAGE TO PROPERTY OTHER THAN VEHICL OBJECT LIGHT UNEATHER OBJECT	NAME T MIDDLE A CLASS/TYPE DOB NO DAY IS) REFUSED ALCOHOL/DRUG ANAI ED, OTHERWISE SHOW OWNER) SURANCE COMPANY MAME LES RAME AND ADDRESS OF OWNER SURFACE CONDITION	DORESS CITY YEAR RACE SEX LYSIS RESULT ADDRESS	PLATE YEAR PHONE NUMBER STATE OCCUPATION PEACE OFFICER, EMS DIFFIRE FIGHTER ON EMER CITY VEHICLE DAM	RIVER, GENCY? YES NO STATE AGE RATING STATE
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	EJECTI	ED .	C00€	FOR TYPE	RESTRAIN	T USED	All	RBAG CODE		HELMET (JSE	CODE :	FOR INJURY :	SEVERITY	(COA		COHOL/				MICLE)
	A - NOT APPE Y - YES N - NO P - PARTIALL U - UNK		B - SEATE C - CHILD	BELT & SH BELT & NO PRESTRAII LOER STRA	SMOULDE IT			LOYED DEPLOYMENT (IF DEPLOYED	2 - W 3 - W 4 - N(ORN-DAMAG ORN-NOT D/ ORN-UNK IF OT WORN NK IF WORN	MAGED DAMAGI	ED B - NON C - POS	ED APACITATING INCAPACITA SIBLE INJURY INJURED	TING	3 4	BREAT BLOOM OTHEI NONE REFUS	1				
Ì	UNIT NO. 1 DAMAGE			TOWED TO DAI		VEHICLE	D TO							,							
	RATING	COMPLETE	ALL DATA O	N ALL OC	S NO	NAMES. P	SITIONS, RE	STRAINTS USED	, ETC.; HO	WEVER,					1	TYPE	T		Т		_
tem te.	POSITION		NAME (L	AST NAMI		ES UNLESS	KILLED OR I	MJUKED.		ADDRES	\$				EJECTED	RESTRAN	AIRBAG	HELMET	AGE	SEX	CODE
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	PEDALCYCLIST ETC.		CASUAL	JY NAME	(LAST NAI	ME FIRST)		c	ASUALTY A	DDRESS				SPECIME TAKEN		SULT	HELMET	AGI	SEX		CURY CODE
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[FACTORS AND	CONDITION	S LISTED AF	E THE IN	ESTIGATO	R'S OPINIO	N ATHER S	ACTORG / COMO!			1			TRAFFIC		OL	_			_	\equiv
	FACTORS/0	ONDITIONS	CONTRIBUT	TING	13		OR MAY	ACTORS/CONDIT NOT HAVE CONT	RIBUTED		1-OFFICE 2-STOP	ONTROL OR INOPER ER OR FLABINAN AND GO SIGNAL	6-7-	TURN MARKS WARNING SH -RR GATES OF	in .	5	10-NO PAS 11-OTHER	CONTRO	IL]
	UNIT 1 UNIT 2	,	2		3		UNIT 1	1	2		3-STOP 4-FLASH	SIGN HING RED LIGHT	8- 9-	-YIELD SIGN -CENTER STRI	PE OR DI	VIDER					
	1. AHIMAL I	N ROAD — E	OMESTIC		1	9. DISTRACTI	ON IN VEHICLE		1	38. FAILED	TO YIELD	ELD ROW — TURNI ROW — TURN ON	RED	56. P	ARKED WI	TUOHTI	LIGHTS SING ZONE				
	2. ANIMAL I 3. BACKED I 4. CHANGEE	ON ROAD — 1 WITHOUT SAF LAME WHEN	WILD ETY UNSAFE		2	O. DRIVER IN 1. DROVE WI	ATTENTION THOUT HEADLIG CONTROL SPE	HTS		39. FAILED 40. FATIGU 41. FAULTY	TO YIELD ED OR ASL	ROW — YIELD SIG	# <u> </u>	58. P. 59. P	ASSED ON EDESTRIA	I RIGHT N FAILEI	SHOULDER TO YIELD FE (UNDER	ROW T	O VEHICL	.E	
	6. DEFECTIV 7. DEFECTIV	E OR NO HEA E OR NO STO E OR NO TAIL	P LAMPS L LAMPS		2	3. FAILED TO 4. FAILED TO	DRIVE IN SING GIVE HALF OF TO HEED WAR	ILE LANE ROADWAY		42. FIRE IN 43. FLEEIN 44. FOLLON	VEHICLE G OR EVAD VED TOO C	DING POLICE		61. SI 62. Ti	PEEDING . LIXING ME	— OVER EDICATION	LIMIT N (EXPLAI) LY — CUT	IN KAI	RATIVE)	r	
	8. DEFECTIV	E OR NO TUR E OR NO TRA	IN SIGNAL LAI ILER BRAKES	APS	2	6. FAILED TO 7. FAILED TO	PASS TO LEFT PASS TO RIGH	SAFELY T SAFELY		45. HAD BE 46. HANDIO	EN ORINK APPED DR	ING IVER (EXPLAIN IN :	NARRATIVE)	64. TI 65. Ti	URNED IN URNED IN	IPROPER IPROPER	LY – WIDI	RIGHT		•	
	11. DEFECTIV 12. DEFECTIV 13. DEFECTIV	E STEERING I E OR SLICK T	MECHANISM FIRES		2	9. FAILED TO 0. FAILED TO	STOP AT PROP STOP FOR SCH STOP FOR TRA	IOOL BUS		48. IMPAIR 49. IMPROF	ED VISIBIL ER START	NARRATIVE) JTY (EXPLAIN IN N FROM PARKED PO:	ARRATIVE) SITION	67. U 68. U	NOER INF	MENCE	- ALCOH				
	14. DISABLEC 15. DISREGAL	IN TRAFFIC ID STOP AND	LAME GO SIGNAL		3	2. FAILED TO 3. FAILED TO	YIELD ROW -	EMERGENCY VEHIC OPEN INTERSECTION	:LE IN	52. OVERSI	DOOR INT	TO TRAFFIC LANE LE OR LOAD		70. W 71. W	RONE SIC RONE WA	DE — 140 IY — DNI	PROACH OF T PASSING E WAY ROA	i UD		N	
	15. DISREGAR 17. DISREGAR 18. DISREGAR	D TURN MAR	OR LIGHT HKS AT INTERS SIGN AT CONS	ECTION TRUCTION	3	5. FAILED TO	YIELD ROW -	PRIVATE DRIVE STOP SIGN TO PEDESTRIAN		S3. OVERTA S4. PARKED S5. PARKED	AND FAIL	ASS INSUFFICIENT LED TO SET BRAKE: FIC LANE	CLEARANCE S	72. 0	THER FAC	TOR (WA	IITE IN ON	LINE BE	LOW)		_
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3 m	ROAD ON WHICH ACCIDENT OCCURRED SLOCK N	D. STREET OR ROAD MAN	IE	 	ROUTE N	UMBER		THIS SPAC	E
D. DA	NATE OF ACCIDENT	DAY OF WEEK	. 6 HOUR _	1AM 1 IPM	(IF EXACT	LY NOON OR , SO STATE)	MCS NO		
	VER INFORMATION				-				
D NA	AME LAST FIRST	MOOLE	ORIV	ER'S LICENSE _	****		MUMBER		
D DR	RIVER'S LICENSE CLASS/TYPE		s	10 END	DRSEMENTS				MONTH DAY Y
CARR	RIER INFORMATION 3 VEHICLE OPERATION	N 🗆 INTERSTATE COI	MMERCE	INTRASTATE CO	MERCE	1 NAME SO	URCE		
_	ARRIER'S CORPORATE NAME						2011	PPING PAPERS E OF VEHICLE	· · · =
g ca	ARRIER'S PRIMARY ADDRESS	ST	RET		CITY		STAT	F	7
) ca	ARRIER ID TYPE: DICC DOT D	RRC OTHER		□ NONE		18 CARRI	IER ID NO.	_	
MOTO	OR VEHICLE INFORMATION	LICENSE PLATE _	YEAR ST	TATE NUMBE	R	27 miles	OTAL IBER OF	TOTAL NUMBER OF	AIR BR
	19 UNIT NUMBER ON ST-3	GROSS VEHICLE Y	WEIGHT RATING SS VEHICLE WE	16HT			LES	TIRES	☐ NO
9 ve	VEHICLE TYPE	CARGO BOOY STYL	E			2 HAZARDO TRANSPORTI		ALS OUS MATERIALS	YES NO
Г	1-TRUCK 2-TRUCK TRACTOR	2-DUMP	•	5-SPECIALIZED 6-CEMENT MIXE	R	1. CLASS_ 2. CLASS		ID Ne.	
L	3-VAM 4-BUS 5-AUTOMOBILE		O TANK AGE/REFUSE	7-FLATBED 8-NA (ie, TRUCK AUTO OR BU		3. CLASS HAZARDOUS	MATERIALS		
	6-OTHER	9	-OTHER			☐ YE	5	□ NO	
y (6]	/EHICLE USE 1-FARM 6-TRAMSPORT PI 2-MILITARY 7-TRAMSPORT SI 3-RECREATIONAL OR HUMAN CI 4-FIREFIGHTER 8-PRIVATE TRAM 5-SCHOOL BUS PASSENGERS 9-OTHER	IRPSES		3- 3- 4- 5- 6-	GENERAL FF GAS IN BUL LIQUIDS IN SOLIDS IN E PRODUCE AGRICULTUR LIVESTOCK	K BULK BULK	9-MACHII 10-CONSTI 11-DAIRY I 12-OTHER 13-EMPTY 14-NOT AP	RUCTION MATERIA Products (Specify)	<u> </u>
<u> </u>	IF THIS VEHICLE TYPE IS A BUS,	SHOW THE NUMBER OF	PASSENGERS T	THE BUS IS EQUIP	PED TO CAR	RY (INCLUDING			
) [SHOW THE NUMBER OF TRAILER(S) /SEMI-TRAILER(S) TH	IS MOTOR VEHI	CLE IS TOWING. C	OMPLETE TI	RAILER INFORM	ATION BELO	W AS APPLICABLE	
	LER NUMBER 1 INFORMATION		34 TRAILER 1	TYPE	35 H	AZARDOUS MAT	ERIALS		☐ YES
Γ	ICENSE PLATE YEAR STATE NUMB			1-FULL TRAILER 2-SEMI-TRAILER 3-POLE TRAILER	1. C	INSPORTING HA LASS LASS LASS		ATERIALS ID NO ID NO ID NO	□ M0
	ROSS VEHICLE WEIGHT RATING REGISTERED GROSS VEHICLE WEIGHT					ARDOUS MATER	IIALS RELEA		□no
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GENERAL

A separate commercial supplement is to be completed on each commercial motor vehicle involved in a motor vehicle accident. This supplement(s) must be attached to the basic peace officer's accident report. A commercial motor vehicle for supplemental reporting is defined as:

- Any motor vehicle or towed vehicle with a Gross Vehicle Weight Rating (GVWR) or a Registered Gross Vehicle Weight (RGVW), whichever is greater, of 10,001 lbs. or more, or any combination of vehicles where the Gross Combined Weight Rating (GCWR) or the total RGVW of the combination is 10,001 lbs. or more.
 - 1.1. GVWR and RGVW are both defined as the weight of the fully equipped vehicle plus its net carrying capacity. The GCWR is the combined weight rating of a motor vehicle and a lowed unit(s). On occasion, the GVWR and the RGVW will differ. In those situations, the greater weight value will be used to determine if this form must be completed.
 - 1.2 The GVWR of a motor vehicle normally can be found on an information plate on the driver's door or door post. The GVWR of a trailer normally can be found on an information plate near the front left portion of the trailer. If the vehicle does not have an information plate or it is illegible, use RGVW. For combination or token trailers, see 1.6 below.
 - 1.3 On vehicles registered in Texas, the RGVW is shown on the registration receipt under "gross weight". Commercial motor vehicles are required to carry the registration receipt.
 - 1.4 In the event the registration receipt is not available, RGVW can normally be obtained by a complete registration check. Exception: If the vehicle has exempt license plates (i.e. owned by a government entity) no RGVW will be shown. In those instances, GVWR must be used.
 - 1.5 If GVWR is used to determine the need to complete this supplement, GVWR for the motor vehicle and each trailer(s) must be obtained and shown in the appropriate blank(s).
 - 1.6 If RGVW is used to determine the need to complete this supplement, the RGVW should be obtained for each motor vehicle and trailer in the combination unless the combination is registered as a combination/token vehicle or as an apportioned vehicle. In those situations the license plates will indicate combination/token or apportioned. If the vehicle is registered as a combination/token or apportioned vehicle, the entire registered gross weight will be shown on the power unit and the trailer will not carry a RGVW. In those instances, show the RGVW of the combination in the power unit and show zero (0) on the trailer(s).
 - 1.7 RGVW for out-of-state vehicles and trailer(s) may be obtained from registration receipts issued by the licensing state, temporary permits, cab cards or other documents or as in 1.4 above.
- 2. Any bus, which shall include every motor vehicle with a seating capacity of more than fifteen (15) passengers (including the driver) and used for the transportation of persons. The seating capacity of a bus (excluding school buses) shall be determined by allowing one (1) passenger for each sixteen (16) inches of seat space. The seating capacity of a school bus shall be determined by allowing one (1) passenger for each thirteen (13) inches of seat space.
- 3. Any motor vehicle hauling hazardous materials which is required to be placarded under the Hazardous Materials Transportation Act.

INSTRUCTIONS FOR COMPLETION OF FORM ST-3C

Detailed instructions for completion of this supplement are included in the Instructions to Police for Reporting Accidents.

ACCIDENT INFORMATION (Items 1-6)

Complete the information in this section exactly as shown on the basic report (ST-3).

DRIVER INFORMATION (Items 7-12)

Complete items 7, 8, 9 and 12 exactly as shown on the basic report (ST-3). If the license is restricted or carries an endorsement(s), show the restriction(s) and endorsement(s) in item 10 and item 11, as applicable.

CARRIER INFORMATION (Items 13-18)

Indicate whether the operation of the commercial motor vehicle at the time of this accident is defined as an interstate or intrastate operation. An interstate operation is one where the transportation of the property originated in one state or country and passed through or terminated in another state or country. An intrastate operation is one where the transportation of the property did not cross a state or international boundary. The bill of lading origin and destination information may be one source available to make this determination. Check the appropriate box in item 13. Carrier ID Name Source. Check appropriate box in Item 14.

Indicate the Carrier's corporate name and primary business address in items 15 and 16. The Carrier is defined as the entity responsible for the operation of the vehicle at the time of the accident. This may be the actual owner of the vehicle or the lessee. This information should match the Owner/Lessee shown on the SF-3.

Show the type of carrier identification by checking the appropriate box in item 17. Show the ID number in item 18, if applicable.

MOTOR VEHICLE INFORMATION (Items 19-31)

Enter the unit number from the ST-3 for this motor vehicle in item 19. Show the registration year, state and number in item 20. Enter the GVWR or RGVW as applicable in item 21. Indicate which, GVWR or RGVW, by checking the appropriate box.

Indicate total number of Axles (vehicle and trailers) in item 22.

Indicate total number of Tires (vehicle and trailers) in actual contact with the road surface in item 23.

Indicate if vehicle was equipped with Air Brakes in item 24.

Indicate the appropriate number in the box for Vehicle Type in item 25.

Indicate the appropriate number in the box for Cargo Body Style in item 26.

Indicate by checking the appropriate box in item 27 whether this vehicle is hauling hazardous material(s). If yes, enter the class and ID nos. of the hazardous material(s) being transported. Indicate by checking the appropriate box whether hazardous materials were released (spilled, discharged, etc.) The class and ID nos. should be obtained from the bill of lading or shipping papers. If unavailable, the class and ID nos. may be taken from the placard. The class may be located in the lower corner of the diamond shaped placard. The ID nos. may be located on the placard or on an orange tabel near the placard. (REFER TO DETAILED INSTRUCTIONS).

Indicate the appropriate number in the box for Vehicle Use in item 28.

Indicate the appropriate number in the box for Cargo Type in item 29.

If this motor vehicle is a bus, show in box (item 30) the number of passengers (including the driver) the bus is equipped to carry. If not a bus, leave blank.

Indicate the number of trailer(s)/semi-trailer(s) being towed by this motor vehicle in box (item 31). If none, show zero.

TRAILER NUMBER 1 & 2 INFORMATION (Itmes 32-43)

If the commercial motor vehicle reported on this supplement is towing one trailer, complete trailer number 1 section only. If towing 2 trailers, complete both trailer number 1 and 2 sections.

Indicate the registration year, state and number in item 32, and if applicable item 38. Show the GVWR or RGVW in item 33 and, if applicable, item 39. Indicate which, GVWR or RGVW by checking the appropriate box.

Indicate the appropriate number in the box for Trailer Type (item 34, and if applicable, item 40).

Indicate by checking the appropriate line in item 35, and if applicable, item 41, whether the trailer(s) is hauling hazardous materials. If yes, enter the class and ID nos. (up to three) of the hazardous material(s) being transported. The class and ID nos. can be located on the bill of lading. If no bill of lading, the class can be located on the lower corner of the Hazardous Material Placard and the ID nos. can be located on the placard or on an orange label located near the placard.

Indicate the appropriate number in the box for Trailer Cargo Body Style, item 36, and if applicable, item 42.

Indicate the appropriate number in the box for Caroo Type, item 37, and if applicable, item 43.

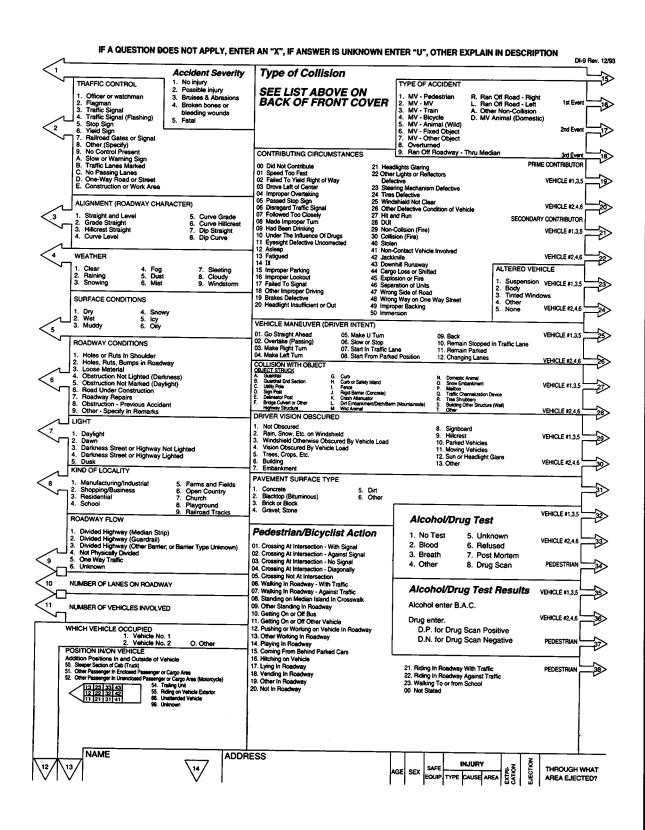
The person completing this supplement should sign, show department and the date this supplement was prepared in item 44.

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Indicate the county where th	e accident occurred. Do not abbreviate.	1,,
	epresenting the county using the following list:	
Come and the argit manage	opresenting the county using the renowing nec.	13 Single Unit Truck
01 Beaver	21 Iron 41 Sevier	
03 Box Elder	23 Juab 43 Summit	14 Truck and Short Trailer
05 Cache	25 Kane 45 Tooele	
07 Carbon	27 Millard 47 Uintah	15 Truck Tractor - Bobtail
09 Daggett	29 Morgan 49 Utah	(Power Unit Only)
11 Davis	31 Piute 51 Wasatch	
13 Duchesne	33 Rich 53 Washington	16 Tractor & short trailer
15 Emery	35 Salt Lake 55 Wayne	10 Haylo & Shirt Yumi.
17 Garfield	37 San Juan 57 Weber	<u></u>
19 Grand	39 Sanpete	31 Truck and 2 Short Trailers
Body Style/Type Co	ode	
	or example, 2-door sedan, sta.wag., pickup, etc.	32 Truck and Long Trailer
Also put the two-digit code describing the	e vehicle type in the space provided by using the	
following codes:		
01 Passenger car - regular	28 Other, Horse-drawn carriage	33 Tractor - 2 Short Trailers
02 Passenger car - compact 03 Passenger car & house trailer	(plane, etc.) 30 ATV, 3 & 4 wheelers	
04 Passenger car & boat	30 A1V, 3 & 4 wheelers 31 Truck & 2 short trailers	34 Tractor - 2 Trailers
05 Passenger car & other trailer	(95' total length)	34 (ractor - 2 framers
06 Passenger car - public owned	32 Truck & long trailer	
07 Pickup or panel 08 Pickup or panel & house trailer	(77' total length) 33 Tractor - 2 short trailers	35 Tractor - 2 Long Trailers
09 Pickup or panel & boat	(trailer up to 28' each)	35 Hautin 12 Lying Hawars
10 Pickup or panel & other trailer	34 Tractor - 2 trailers	36 Tractor - Long Trailer
11 Pickup or panel & public owned 12 Pickup with camper	(95' total length) 35 Tractor - 2 long trailers	Short Trailer
13 Single Unit enclosed box	(permitted to 105' freeway)	
(Minimum 2 axles & 6 tires)	36 Tractor-long trailer-short trailer	
14 Truck & trailer 15 Truck tractor-Bobtail	(98' total length) 37 Tractor - 3 short trailers	37 Tractor - 3 Short Trailers
(power unit only)	(permitted to 105' feet freeway)	
16 Tractor & short trailer	38 Tractor & long trailer	
17 Commercial Bus 18 School Bus	40 Hit & Run Vehicle 41 Caroo Tank	38 Tractor & long trailer
18 School Bus 19 Motorcycle	41 Cargo Tank 42 Passenger car w/vehicle in tow	
20 Motorcycle - public owned	43 Pickup w/vehicle in tow	
21 Motor driven bicycle	44 Tractor w/tractor in tow	Disposition Of Vehicle Code *Source of Carrier Name
(scooler or moped) 22 Ambulance - not emergency	45 Motorhome 46 Motorhome w/boat or vehicle in tow	•
23 Ambulance - emergency	47 Flatbed	1 Towed 1 Side of truck
24 Ambutance - public owned	48 Dump Truck	2 Impounded 2 Paperwork
25 Farm tractor and/or equipment 26 Special Mobile Equipment	49 Concrete Mixer 50 Garbage/Refuse	3 Retained by owner/driver 3 Driver
(Construction, Fire, UP&L, etc.)	50 Garbagerheiuser 51 Auto Transporter	4 Hit and run
27 Truck & Mobile Home	***************************************	
	· · · · · · · · · · · · · · · · · · ·	Injury Type-Cause Area
Safety Equipment		
	and the same and the same and the firm of	Туре
the accident. Use the following code list:	ach driver or occupant(s) was using at the time of	Indicate the type of injury suffered in the accident, using these codes:
1 Lap belt used	7 Air beg inflated/without belts	1 - No injury 2 - Possible injury
2 Lap & shoulder belt used	8 Helmet wom	2 - Possible Injury 3 - Bruises & abrasions
3 Belts not used	9 Eye protection used	4 - Broken bones or bleeding wounds
4 Belts not installed 5 Child restraints used	Helmet & eye protection used	5 - Fetal
6 Air bag inflated with belts	A Shoulder belt only 8 Other	
V rai say maass sons	C Unknown	Cause
		Indicate the object that caused the injury using these codes: 1 - Steering Wheel 5 - Motorcycle handbark
Extrication - Fill in appropriate numb		2 - Dashboard/Windshield 6 - Motorcycle gas teol:
0 - Not extricated	1 - Not ejected 2 - Partially ejected	3 - Roof 7 - Exterior vehicle part
1 - Extricated	2 - Partially ejected	4 - Other Interior 8 - External object
9 - Unknown	3 - Fully ejected	
		Area Indicate the area of the visiting heads that suffered the areas areas in a contract the same of t
Description of Cargo		Indicate the area of the victim's body that suffered the most severe inury using these codes: 1 - Head
A. General Freight	G. Solids in Bulk	2 - Face 6 - Leg(e) 7 - Arm(s)
B. Household Goods	H. Liquids in Bulk	3 - Neck 9 Tomes
C. Heavy Machinery	Explosives/Hazardous Materials*	4 - Chest 9 - Linknown
D. Motor Vehicles	J. Refrigerated Foods	5 - Beck
E. Gases in Bulk	K. Empty	
F. Livestock	L. Other*	

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Ļ	OPERATOR'S				STATE	LICENSE									1 29	1	\dashv			_
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C	Incoperitation Non-incoperit Possible injury No injury Unknown	niles	2. Belt only 3. Harness o	used mly used sly used (no otl	2. Been 3. Juffus er 4. Influ	drinking race Hoper race drugs Hoper & drugs		2. Breath 3. Urine 4. Unknown	carrying a 2. Bright 3. Modernte		2. In rdwy, ag 3. On shide, w 4. On shide, a	pt. traf. : traffic gpt. traf.	12. J 13. 1	lay at nor Playing is Gettine a	o-intersec road n/aff vols	2. 0 3. F 4. L	of de local balled to the ball	krivewa o yield once	,	
SEE	e. Unknown EJECT CO	DES	5. Belt and 6 6. Belt and 6 7. Horness a	horness sir bog and sir hog	6. Influ 7. Fatig 8. Physi	ence medicine ne or III ical defect		A. Refused 9. Other 0. Not given	4. Dark 9. Unknown		5. Off rdwy. w 6. Off rdwy. a 7. On sidewall 8. On sidewall	get. truf. k w/truf. k nant. tr	. 16.1 . 17.1 mf 18.	Working	on vehicle In road	6. D 7. V 8. O	ushing beforeive chicle i ther m	e equip his bic	che	
	I. Yos, complete 2. No, stayed in 3. Partially 4. Unoccupied v	velutrie	A. Befi, harn T. Other rest IS. No cestre avallable S. Unknown	relat	9. Other 8. Union	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		TRUCK/TRA CBE Cab Behind Engine	CTOR CODE CoE Cab Ov Engin	**	9. Cross legal 10. Cross legal	intersect. I non-lot.	- 20. (- 99. t	Other ma Unknown	******	*. Ū	nknow	•		
ч	0. Unknown		<u> </u>													L.				

THIS REPORT MUST BE SENT TO THE COMMISSIONER OF MOTOR VEHICLES WITHIN THIRTY (30) DAYS PER 23 V.S.A.§ 1016.

TA-VA-08 7/94 JTB 30M

	VEHICLE NO. 1 COLLIDED WITH	VEHICLE COND. (Def. Equip.)	SURFACE	ROAD CHARACTER			FFIC CONTROL lighway Only)	MOTORCYCLE INFO	RMATION ONLY
		V1 V2	L		L_		· · · ·	Cycle 1 Cycle 2	Check off (>) blacks only if answer
ı	1. Pedestrian 2. MV in traffic	1. Brakes 2. Tires	1. Dry 2. Wei	t. Intersection 2. Bridge over	I. Peel	Ш	L	OP PS OP PS	is YES
1	3. MV marked	3. Steering	3. Snow	3. Underpass			2. Flaggerson 3. Stoplight		Wore helmet
Ł.	4. RR train	4. Front light	1 1	4. RR Crossing	1 1		4. Stop sign		Wore eye protection
M	5. Pedacycle	5. Rear lights		5. Driveway			S. Caution light		Injured head
s C	6. Wild Animal	6. Exhaust	6. Sleshy	6. After	6. Flor		b. Yield sign		Injured seck
č	7. Demestic animal	7. Engine 8. Glass	7. Oily A. Leaves	7. Ramp off 8. Ramp on	7. See		7. Lone markings 6. Special signs		Injured chest
Ě	9. Other movable	9. Other	9. Other	9. Other	H . 01		Other type		Injured back
L	object 10. Overturned	10. Unknown	10. Unknown	10. Unknown	10. U		I. No custral	\bot	Injured arm or leg
A N	11. Other, Non- collision	D. No defects	0. Not applicable	9. Not applicable	9. Net	applicable		_ _	Injured internally
E	12. Guard rall, curb	ROAD TYPE	LIGHT CONDITION	ROAD DESIGN	WEATHER	COND BE 3	RAFFIC COND.		Other injury
Ю	13. Tree	I. Blocktop	I. Dawn	1. Up/down hill	1.0			PROPERTY DAMAGE O VEHICLE	THER THAN
U S	14. Pole, sign 15. Ledge, boulder	2. Gravel	2. Daylight	2. Top of bill	2. Rai	- — і	. Flaggerson		
,	16. Other	3. Dirt, trail	3. Dusk	1. Bet. of bill	3. See		l. Gates		
D	Fixed object 17. Maped		4. Dark	I. Level	4. Feg	··· L	I. Cressbucks		
Ŷ	III. Matercycle	9. Other	S. Dark-lighted	0. Unknown	S. Hai		. Flashing lights		
À	49. Unknown	0. Unknown	9. Other 8. Unknown	ROAD ALIGN	7. Sies		. Stop sign 7. Warning sign	OWNER'S NAME AND A	DDRESS
П	LT. RTJ Dist. from	PAVEMENT	IPOSTED	1. Straight	H . Ou		Other type		
	read c.l. to fixed object	WIDTH	SPEED	2. Slight curve	0. Uni		IQ. No RR control		
	VEH. NO.	TOTAL WIDTH		3. Sharp curve	\vdash	—	1. Not applicable	APPROXIMATE REPAIR	S
Н			THER THAN OCCUPANT	6. Unknown	+		<u> </u>	costs i	
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S	TO THE CAUSE OF AC	CIDENT B. OTHER	CAUSES						
			1					Type of accident	
П	COURT ACTION	YES NO		LIST LAW VIOLAT	IONS AND U	TT NOS.		Veh. no. I maneuver	
L	VEHICLE NO. I							Veh. no. 2 maneuver	+
Ē									ļ
Å	VEHICLE NO. 2							Degree of curve	
A L								Percent of grade	
	PEDESTRIAN OR OTHER							54:4	
Н		PARTMENT OR TROOP	,	DEST TYPE C		APPROXIMATION TO THE PROPERTY OF THE PROPERTY		Skid accident code	
	DE	FARIMENT UR TROOF	<u> </u>	DEPT. TYPE DEPT	. CODE	OFFICER NOTIF	MONTH DAY YEA		ONTH DAY YEAR
o							l l	- 1 FIME. M	I
F	SIGNATURE OF T	HE				DATE OF REPORT		RANK	1.D. No.
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066-05	NAMES OF ASSIST	ING				OFFICIAL PHOTOS	1		Indicate if
1	******					WEST TARREST			photos taken
-	OFFICERS					WERE TAKEN BY	į		L
Ř	SIGNATURE OF TO	не				DATE APPROVED:	!		Y=Y0

Pages 3 and 4 are for accident description and accident sketch, plus operator statements.



STATE OF VERMONT AGENCY OF TRANSPORTATION DEPARTMENT OF MOTOR VEHICLES

-3-

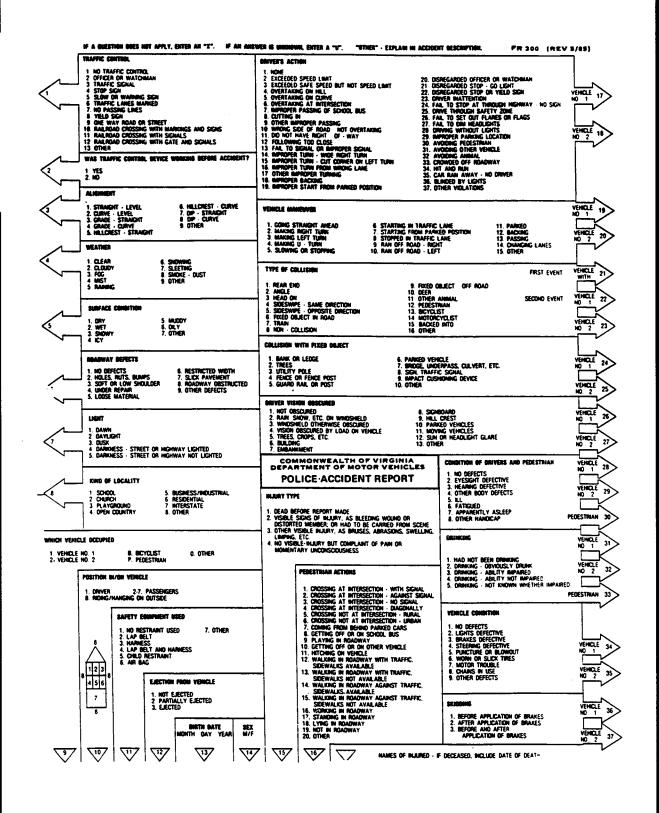
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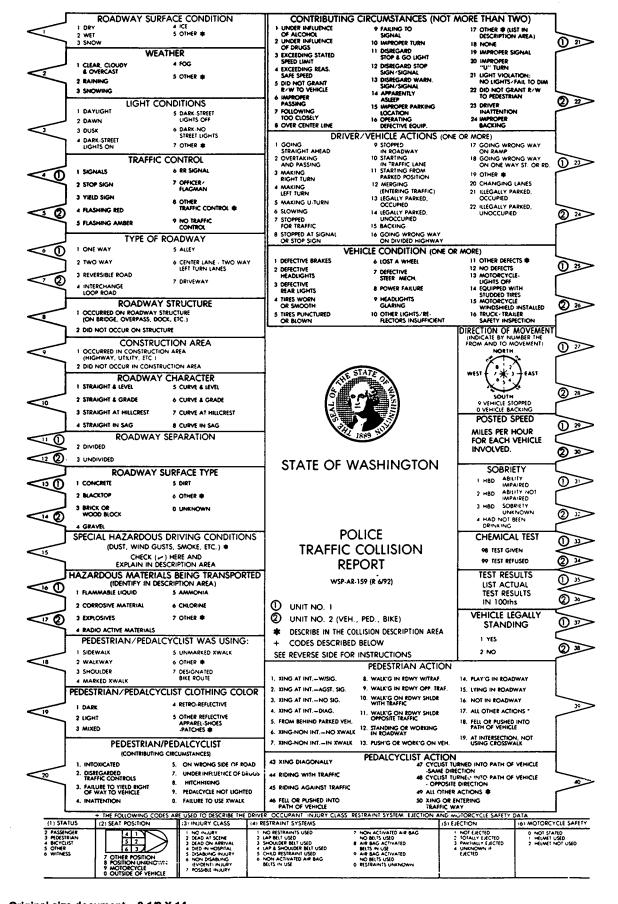
	MOTOR VEHICLE ACCIDENT		
NOT THE	ENTER OPERATOR'S RESIDENCE IF IT IS E SAME AS THE OPERATOR'S LICENSE ADDRES	SCHOOL BUS TYPE (I OR II)	IF VEHICLE WAS TRANSPORTING A HAZARDOUS MATERIAL, GIVE NAME OF MATERIAL BELOW.
COMPA	NY POLICY #		NAME OF INSURED
COMPA	NY POLICY#		NAME OF INSURED
		*	TYPE I - CAPACITY OF 17 OR MORE TYPE II - CAPACITY OF 16 OR LESS
	NOT THE	ENTER OPERATOR'S RESIDENCE IF IT IS NOT THE SAME AS THE OPERATOR'S LICENSE ADDRES COMPANY POLICY #	ENTER OPERATOR'S RESIDENCE IF IT IS NOT THE SAME AS THE OPERATOR'S LICENSE ADDRESS COMPANY POLICY # COMPANY POLICY #

Vermont

ACI Mo	CIDENT D nth Day	ATE C	ay of Week	TIME	<u> </u>	PM			COU	NTY O	OF ACCIDENT			MILE	POST NUM		LROAD CR VITHIN 150		NO.	300P (RE	
		OF						LAK	OMARI	KS AT	SCENE		NUMBER	R OF OFFI	ICIAL USE OI	VLY	<u> </u>		LJ		
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STATEMENTS OF INVOLVED DRIVERS AND WITNESSES (IF AVAILABLE)

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Fatal Supplement Report Instructions

In the event of a fatal motor vehicle accident, complete this form MV3480 and mail it to:

Traffic Accident Section
Wisconsin Department of Transportation
P O Box 7919
Madison WI 53707-7919

This form is necessary to comply with the requirements of the National Fatal Accident Reporting System (FARS).

- 1. Document Number (From MV4000) In the box located in the upper right corner of this form, enter the document number from the corresponding MV4000 accident report.
- 3. No. of Travel Lanes Enter ONE of the following:
 - A. The total number of travel lanes on an undivided roadway.

OR

- B. The total number of lanes in ONE direction on a divided highway.
- 6. If fatalities all occur on-scene, code the arrival time at the hospital of the next most severely injured person.
- 10. Relation to Roadway Enter the number that indicates where the first harmful event occurred.
- 15. Estimated Travel Speed Enter the estimated travel speed for EACH vehicle involved in the accident. Make sure the speed indicated is the estimated speed prior to the accident and NOT the estimated impact speed. If travel speed was not estimated, enter "unknown."
- 18. & 27.
 - Extricated Enter "Y" for YES if extrication equipment or other force had to be used to remove the person from the vehicle.
- 21. Alcohol Test Type Indicate the method used to determine if alcohol was consumed by the surviving driver. If more than one type of test was given, indicate the lowest numbered test for the test type.

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STATE OF WYOMING	
INVESTIGATOR'S SUPPLEMENTAL TRAFFIC ACCIDENT RE	:POR1

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SHEET OF		DIAGRAM/N			CASE NO	
DATE OF ACCIDENT	COUNTY	roc	ATION			
DRIVER NO. 1	DRIVER NO. 2		ALL MEASURE AND NOT TO	MENTS ARE APPROXIMA SCALE UNLESS STATE	ATE SCALE:	
INDICATE MEASUREMENTS (INCLUDE LANE &	SHOULDER WIDTH)	,,,,,,		<u> </u>		, , , , , , , , , , , , , , , , , , ,
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OFFICER'S NAME & RANK		BADGE NO.	DEF	PARTMENT	DATE OF REPORT	PATROL DIVISION

ACCIDENT RECORDS - WYOMING HIGHWAY DEPARTMENT

FORM PR-802-A REV JAN 91

STATE OF WYOMING INVESTIGATOR'S TRAFFIC ACCIDENT REPORT

SIDE A



STATE OF WYOMING INVESTIGATOR'S TRAFFIC ACCIDENT REPORT

FORM PR-802-B REV JAN 91

PR-802 OVERLAY CARD

SIDE B

Truck Data Supplement (Over 10,000 GVW) Pedestrian Involvement 1. CROSSING AT INTERSECTION 7. PLAYING IN ROADWAY 1. NO TRUCK INVOLVED (place dash in boxes 32, 33, 35-38) OR CROSSWALK 8. LAYING IN ROADWAY VEH. #1 32 Principal Type of Cargo 2. NOT CROSSING AT 9. GETTING ON OR OFF INTERSECTION OR CROSSWALK VEHICLE 2. GENERAL FREIGHT 8. SOLIDS IN BULK VEH. 3. WALKING ALONG ROADWAY 10. WORKING IN 3. HOUSEHOLD GOODS 9. LIQUIDS IN BULK WITH TRAFFIC ROADWAY 10. EXPLOSIVES / HAZARDOUS MATERIALS 4 HEAVY MACHINERY VEH. #2 33 4. WALKING ALONG ROADWAY 11. NOT IN ROADWAY 11. EMPTY OR PARTIAL LOAD 5. MOTOR VEHICLES VEH. AGAINST TRAFFIC (shoulder, ditch, etc.) 12. REFRIGERATED FOODS 6. GASES IN BULK #2 5. STANDING IN ROADWAY 7. LIVESTOCK 13. OTHER * 12. OTHER * 6. PUSHING / WORKING ON MOTOR VEHICLE Type of Accident - Trucks (Over 10,000 GVW) 1. RAN OFF ROADWAY VEH. #1 35 Vehicle Type 6. LOSS / SPILLAGE OF CARGO 2. JACKKNIFE 3. OVERTURN 7. CARGO SHIFT 1. PASSENGER CAR 13. SNOWMOBILE 4. SEPARATION OF UNITS 14. MOPED 2. PICKUP 8. OTHER * 15. AMBULANCE 3. PICKUP WITH CAMPER 4. TRUCK POLICE NOTE! VEH. 5. MOTORCYCLE FIRE VEHICLE IF AN ANSWER IS UNKNOWN, Type of Truck / Trailer Body 16. SEMI-TRACTOR 6. BICYCLE ENTER "X" (TRUCKS OVER 10,000 GVWR) VEH. #1 37 & TRAILER 7. MOTORHOME / RV ENTER A DASH (-) IN BOX IF 1. VAN 6. DUMP 17. SEMI-TRACTOR 8. BUS QUESTION DOES NOT APPLY 2. FLATBED 7. CONCRETE MIXER 9. VAN or MINI BUS ONLY 8. GARBAGE / REFUSE VEH. #2 38 *EXPLAIN IN ACCIDENT 3. TANK 10. SCHOOL BUS DESCRIPTION. 4. AUTO CARRIER 5. OTHER * 18. OTHER * 11. CONSTRUCTION / VEH. ROAD MAINTENANCE EQUIPMENT 8 Most Apparent Human Contributing Factor 12. FARM TRACTOR / EQUIPMENT (Officer's Opinion Only) 1. ALCOHOL INVOVLEMENT 11 PHYSICAL DISABILITY 12. DISTRACTION 7 2. FELL ASLEEP 3. FOLLOWING TOO CLOSE 13. IMPROPER SIGNAL or NO SIGNAL Visual Obstructions 14. DRUGS SUSPECTED (ILLEGAL) 4. ILLNESS 1. VISION NOT OBSCURED 6. HILLCREST 5. FAILURE TO YIELD 15, IMPROPER PASSING 7. SUN or HEADLIGHT GLARE 16. PEDESTRIAN ERROR VFH. #1 41 2 BUILDINGS RIGHT-OF-WAY VEH. 3. VEGETATION (trees, hedges) 8, FOG / DUST / SMOKE or or CONFUSION 6. BACKING UNSAFELY 10 4. RAIN / SNOW / ICE ON BLOWING SNOW 7. TURNING IMPROPERLY 17. DRIVER INEXPERIENCE WINDSHIELD 9. OTHER VEHICLE 8. UNSAFE SPEED FOR 18. DRIVER INATTENTION VEH. 5. EMBANKMENT 11. DRIVER'S VEHICLE 3 19. NO APPARENT VIOLATIONS CONDITIONS (snow, rock, dirt, etc.) 10. OTHER 1 20. DRIVER FATIGUE 9. TRAFFIC CONTROL 11 #2 22. NO DRIVER / PARKED DISREGARDED VEH. #2 43 10. PRESCRIPTION / MEDICATION 21. OTHER * Trailer Style 1. NO TRAILER 7. SINGLE TRUCK TRAILER **Driver Activity Prior to Accident** VEH. 2. CAMPING TRAILER 8. DOUBLE TRUCK TRAILER 13 #1 1. GOING STRAIGHT AHEAD 10. STARTING IN TRAFFIC 9. HORSE TRAILER 3. MOBILE HOME 11. PARKED or ON CURVE 4. UTILITY TRAILER 11 TRIPLE TRUCK TRAILER 2. SLOWING 12. CHANGING LANES VEH. 5. BOAT TRAILER 10. OTHER * 3. STOPPING IN TRAFFIC 13. AVOIDING OBJECT VEH. #1 45 14 #2 6. TOWED VEHICLE 4. MAKING RIGHT TURN IN ROADWAY 5. MAKING LEFT TURN 14. DRIVING STOLEN VEHICLE 16. EVADING LAW ENFORCEMENT 6. MAKING U TURN VEH. #2 46 Relationship to Roadway Junction OFFICER 7. PASSING 17. ROAD OR RIGHT-OF-WAY 8. BACKING 1. NONJUNCTION 3. INTERSECTION RELATED 9. ENTERING OR LEAVING MAINTENANCE 2. INTERSECTION 4. DRIVEWAY ACCESS PARKED POSITION 15. OTHER * VEH. #1 48 1. NO APPARENT DEFECTS 7. STEERING or OVERWEIGHT 8. NW 2. NE Vehicle direction Direction 2. LIGHTS or SIGNALS 8. OVERSIZED LOAD ON VEHICLE PRIOR to turn or 3. EAST 7. WEST VEH 3 BRAKES 9. TOW HITCH DEFECT loss of control. Travel 6. SW 4. SE 17 #1 4. EXHAUST SYSTEM 10. WIPERS or DEFROSTERS VEH. #2 49 5. DRIVELINE 5 SOUTH 12. STALLED VEHICLE VEH. 6. WHEELS or TIRES 13. ALTERED SUSPENSION: * 18 #2 OTHER 1. NO TEST PERFORMED Alcohol Test Results 2. REFUSED Severity of Motor Vehicle Damage CHEYENNE PUBLIC TEST DONE 0.00 to 0.45 HEALTH LAB: LOCALLY: VEH. 1. DISABLING (towed away) 19 3. BLOOD 7. BLOOD 2. FUNCTIONAL DAMAGE 3. OTHER M.V. DAMAGE (appearance) 4. BREATH 8. BREATH Alcohol Test VEH. 4. OTHER PROPERTY DAMAGE (no damage to motor vehicle) 5. URINE 9. URINE 20 6. OTHER * 10. OTHER * 5. NO DAMAGE

PPR-93 REV. 01/88

ESTADO LIBRE ASOCIADO DE PUERTO RICO **POLICIA DE PUERTO RICO**

Núm. Querella	
Núm. Informe	

						Info	rme d	e Ac	cidente	e de	Trán	isito		ΑΑ	rea			•	
₹	1. Fecha (Dia-Me	s-Año) 2.	Hora	3. Dia		4. Mun	iclpio de d	currenc	ia				nado a co	lisión ₁	4 - Peatón		55 - Arbol 56 - Boca II	rendio	Código
OCURRENCIA											03 - Inme	o/Explosió		1	5 - Dos Venic 6 - Tres o mái	Vehículos	57 - Buzón 59 - Rótulo	Correo	1 1 1
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3	7. Código del Siti										07 - Supe 08 - Se fu	rficie Carr. A por risco		1	1 - Hit & Run 2 - Motocicis	te	72 - Verja 76 - Otre O	bjeto Fijo	
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é	10. Núm. Veh.	11. Núm.	Peat.	2. Núm. Her.	13. 1	Núm. Mu	er. 14	. Clase	Accidente		04 - En la 05 - En la	misma dir misma co	ección - lat intrarla - fri ntrarla - un	(era) onta:	11 - Ur 12 - Ur	vehiculo satio vehiculo enti	endo de esta- rendo a entra	da privada	
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	15. Nombre Cond	ctor Veh. # 1	(paterno, ma	terno, nombre)				16. Sexo 1. Masc.	┪	17. Edad		18. Tek	éfono	,		19. Ocup	eción	
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VEHICULO																			
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-	45. Tipo 01 - Auto 02 - Camioneta	10 - Motocicle 11 - Bicicleta	02 - Ent	renamiento Cho	01 -1	erge Peligr Ninguna Explosivos		49. Arr. 01 - N 02 - C	astre linguno lasa Rodante	. 0	7 - Vehicu Remol	io cado	81 - Fr	ecto Mec. \ renos uía/Volante	90	- Cinturone Seguridad	•	areas (e en Diagrama las riectadas Bajo Chaels
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2	65. Nombre Condu	ctor Veh. # 2 ((paterno, mate	rno, nombre)					66. Sexo 1. Masc.	- 1	67. Eded		68. Telé	fono			69. Ocupa	ación	
ž									2. Feme.										
VEHICULO	70. Catle				71. Urbe	nización							72. Puel	blo			73.	Zip	
2	74. Aftes Cond.	75. Autoriz		76. Asegurad	<u> </u>	т=-	ic. Estado	T	. Número			I	de Lice				100.00		
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<u> </u>		0 - Motociclet 1 - Bicicleta	97. Uso 01 - Per 02 - For	sonal renamiento Cho	01-1	irga Pelig n Ninguna Explosivos	•	99. Arra 01 - Ni	etre inguno asa Rodante	0	6 - Remoi Acamp	que	81 - F	electo Mec renos iuia/Volant	. Veh. Cont.	0 - Cinturone Seguridad		les é	de en Diagrama reas afectadas
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IZI	(Caculo)	3 - Equipo Carretera 4 - Arrastre	05 - Mili	ramédico tar nsporte Pasajero	06-0	Sólidos Inf Oxidantes/ Veneno	lamables Peróxidos	04 - Ri	emolque emolque Bol	ie 0	Tanqui Remol - 99 Postes	que para	85 - G 86 - E 87 - L	scape	9	Arrastre 3 - Carga 4 - Sistema C	ombustible	``.	
ANDONO	07 - Autobus 1 06 - Autobus	5 - Casa Ambulani	e 07 - Tra	nsporte de piedad	06-1	Material Ra Material Co	diactivo orrosivo			g	7 - Otros	LJ	88 - L	uces Directentas/Pi	cionales 9	7 - Otro 6 - Ninguno		D	(i)
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Ц			1. Si	2. No	1. Si 2.] 1 Si	2. No L			<u></u>	1		الب		<u> </u>		الب	لبا
	Circumstancies Cont 02 - Bajo efectos de 65 - Ho ceder el per	alcohol	19 - Sobre ca 20 - Clima	ge.	00 - St	res del Cor guir derec	nductor ho ho en carri	57 -	Pasar por izo Pasar por de	ulerde	. [ˈ	01 - Crus	ar Interse	oción luz a	favor	icilete 10 - Ciclista d 20 - Ciclista n	ruzando ca	m. 30- <u>0</u>	iclista maneiando ontra transno
3	04 - Hacer casio om	eo control	21 - Enganch inapropi	100	08 - Se	ar a le loqu Iguir derec	Herda ho en carri	59-1	Cambio carr Cambio carr	il/copi Il/dere	erdo cho	04 - Crus 06 - Para	ter fuera in Ido fuera d	ntersección de rodaje c	,	con el trá			iclista parado
ANEAS BONENEADAS	06 - Gobrapaser ilm 08 - Eviter objeto/pr 07 - Viraja Indebido	recited Insome	23 - Carril con 24 - Veh. emn	uisando obro unh	1 11 - Ca	zir e la den erril incom itar objeto itacionerse	ncto	61 - 1	Confluencia Confluencia Contra trâne	(derec	erde) L	10 - Cruz 12 - Selfe	zar interse Indo detri	ioción 🗀					
8	08 - No guarder der 10 - Cambio carril i 11 - Retroceso inde 12 -Paser indebide	encie relabido hido	25 - Persons (impujando veh.	24 . Pe	dink at free	-	67 - 1 70 - 1	Reducir vel./ Patinó antes Estacionens	deten	mer i	30 - Cary	inando co	ontra tráns	<u></u>				
83	. 12 -119 1606 9616	ACTICLISCIS	28 - Carga fur 30 - Violación 31 - Paso/altu	de pestón ra/ancho veh.	40 - Vi	raje a ta izr raje a la de raje en U norender r	recha	72 - I 81 - I	Estacionares Retroceder	Hegal	mente	68 - Trat 70 - Para	rejendo en do en ace	mpujando : 1 cerr. Ira		ugar de co un 10 - En la car 11 - Intersecc	retera	30 - Fai	a central carr. zada/entrada
4	14 - William obstruid 15 - Egynductor fund 36 - Egynductor fund 17 - Califfator delec		47 - No ver of	ieto/persone		nprender r teclanedo Aprender r		86 - I	Empujedo pi Empujedo pi	or veh. or pers	iona	74 - Juga 75 - Acci	indo en ci stado en c anchado e	BIT. SBIT.		20 - Fuera de	carretera		retera privada
	17 - California de la constant	tuces	97 - Otro 96 - Ninguno			inello						97 - Otro							
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ESTADO LIBRE ASOCIADO DE PUERTO RICO **POLICIA DE PUERTO RICO**

Núm. Querella	
Núm. Informe	
Area	

PPF REV PAC	. 01/88	_	orme d	DE PU e Accide (Continua	nte de T			Núm. Quereli Núm. Informe Area			
	116. Nombre	115A VEH.	116. Sexo	117. Eded	118. Herido	a 119. Tipo Lealón	120. Exputation	121. Primeros Auxilios por	Equip	o de Seguridad	
	122. Dirección 123. Transportado a:			124. Trans	portado por:				Cinturón Faide 03 - En uso Equi. Seg. Mot 10 - Utiliza cas Equi. Seg. Niñ	16 - Vestimenta 98 - Ninguno en uso co 99 - Desconocido 98 - Desconocido	
S	125. Nombre	125A VEH.	126. Sexo	127. Edad	128. Herido	129. Tipo Leelón	130. Expulsión	131. Primeros Auxillos por	29 - Asiento pi Cinturón Falda	Peatón/Cicilsta	
MUERTOS	132. Olrección	· •		•					03 - En uso Equil, Seg. Mot 10 - Utiliza cas Equil, Seg. Niñ	co 99 - Desconocido	
3	133. Transportado a:			134. Trans	portado por:				29 - Asiento pe	ira niño 166.	
oso	135. Nombre	135A VEH.	136. Sezo	137. Eded	138. Heridi	139. Tipo	140. Exputsión	141. Primeros Auxillos por	Cinturón Falda 03 - En uso	Pestôn/Cicilista 16 - Vestimenta	
ERID	142. Dirección								Equi. Seg. Mot 10 - Utiliza cas Equi. Seg. Niñ	co 99 - Desconocido os	
	143. Transportado a:	T145A	r ::		portado por:		_		29 - Asiento o	167	
NOMBRE DE HERIDOS	145. Nombre 152. Okrección	VEH.	146. Sexo	147. Eded	148. Herida	149. Tipo Lesión	150. Expulsión		Cinturón Falda 03 - En uso	Pestón/Ciclista 16 - Vestimenta	
₩ ON	153. Transportado a:			154 7	portado por:			1	Equi. Seg. Mote 10 - Utiliza case Equi. Seg. Niñe 29 - Asiento pe	0 99 - Desconocido	
	155. Nombre	155A	156, Sexo	157. Edad		ne 159. Tipo	160. Exputation			168	
	162. Dirección	VEH.	156. Sexo	157. Edad	158. Herido	Lesión	160. Expulsion		Cinturón Faide 03 - En uso Equi. Seg. Moto	Peatón/Ciclista 16 - Vestimenta 98 - Ninguno én uso	
	163. Transportado a:			164. Transp	ortado por:		·-	1	10 - Utiliza casi Equi. Seg. Niño 29 - Asiento pa	co 99 - Desconocido os	
	Meridos		Tipo de I	esión f	Expulsión			Primeros Aux	flice por	169.	
	correspondientes a los heridos 2. Pasajero 96 3. Peatón 97 4. Ciclista	Motociclista - No aplica - Otro	02 - Herido 03 - Herido 04 - Muerto 99 - Se des	conoce	00 - Ninguna 02 - Complet 03 - Parcial	a 96	Atrapado No aplica Desconocido	Ambulance Médico Paramédica Policia	ia	97 - Otro 98 - Ninguno 99 - Desconocido	
	172. Descripción del accidente. Utilice la hoja suplementaria Para más de dos vehículos o 5 heridos y/o muertos utilio	ce sets adicionale	rs.								
	173. Devictos en carr. 174. Superficie 474. Singuericie 40 - Sin 20 - Mojago 50 - Mojogo, etc. 50 - Astjato 50 - Fangoso 50 - Astjato 50 - Fangoso 50 - Mojago 5	176. ¿Accider relacions con zone construo	do 02- ción? 03 0 04 05	- Arboles 97	a colisión - Aceite - Otro	78. Fuente d 02 - Naturale 03 - Pérdida de veh. 04 - Objeto caido di	Carga 97 - Otr 99 - Des en carr	aplica 1. Re 2. Re 3. Re 4. Re 5. Cu	eracterísticas di cta-liana cta-cuesta abajo cta-cuesta arrib cta-tope colina irva-liana irva-cuesta abajo	7. Curva-cuesta-arriba 8. Curva-tope colina 97. Otro	
	180. Wisión obstruída por: 01 - Edificios 09 - Cegado por 07 - Cegado por 08 - Cegado por 09 - Cegado por 09 - Cegado por 08 - Colinas 07 - Pobloina 09 - Cegado por 09 - Desconocido 09 - Desconocido 09 - Desconocido 09 - Cegado por 09 - Desconocido 09 - Cegado por 09 - Desconocido 09 - Cegado por 09 - Desconocido 09 - Cegado por	181. Controles 01 - Policia /abande 05 - Control p 06 - Semáforo 07 - Semáforo intermite	rado eatonal 10 0 97	: I - Sema. ceda paso I - Zona no pas I - Otro I - Ninguno	1. Si	2. No V/A	183. Carriles opuestos separados 1. Isleta 5. Barrera 2. Linea sencilla 7. Verja 3. Linea doble 97. Otro 4. Barrera hormigón 99. Ningui		1. Un car 2. Dos ca 3. Tres ca 4. Cuatro	ril 6. seis o más rriles carriles arriles carriles	
	06 - Vehiculos 13 - Terraplen	08 - Sema. de	pare	با	<u>. </u>	<u> </u>		ــــــــــــــــــــــــــــــــــــــ	185. Cerr. sole din 1. Si	de una scción 2. No	
	01 - De dia 06 - Oscuro 02 - Amanecer no alumbrado 03 - Atardecer 99 - Desconocido 05 - Oscuro 06 - Nublado 07 - Lluvioso 08 - Nublado 07 - Lluvioso	B. Zona I - Residencial 08 2 - Industrial 97 I - Comercial 5 - Escolar 5 - Parque	Residencial 08 - Rural Industrial 97 - Otro Comercial Escolar 2 - Poco Descripcion de propiedad medicale Descripcion: Descripcion:				de				
	190. Hora notificación a 191. Hora Policia llegó 192. Ho	ora notificación a		4. Severo	Nombr	e dueño:					
	A.MA.M	A.M. P.M.		A.!		ón			·		
ĺ	195. Nombre del testigo	196. Dirección			<u> </u>		-		197. Teléfo	ono	
	196. Nombre del testigo	199. Dirección		-					200. Teléf	one	
Ì	201. Nombre Policia (Letra de molde)		202. Place	del Policia	1	103. Precinto	- Distrito o Unid	ad de Trabajo			
	204. Firma Policia Investigador		201	5. Fecha		06. Nombre	Supervisor (Letr	a de molde)			
					1	37. Firma de	el Supervisor			208, Fecha	

AREA

Puerto Rico

PPR-94 REV. 01/88

ESTADO LIBRE ASOCIADO DE PUERTO RICO POLICIA DE PUERTO RICO

Informe de Accidente de Tránsito

Núm. Querella	i	
Núm. Informe		
Area		

DESCRIPCION DEL ACCIDENTE			
Indiana la mus sure di f	Norte	Dibuje con líneas	sólidas los carriles o carr.
Indique lo que sucedió en este diagrama		2. Nombre las calles 3. Ilustre los vehícul Vehículos 1 Peatones 0 Las flechas con dirección antes	s o carreteras los o peatones así 2 Ilíneas sólidas indican del impacto, use líneas sochas que indican direc-
INVESTIGACION REALIZADA	NARRATIVO DEL ACCIDENTE		
01 En el sitio del accidente 02 Fuera del sitio del accidente	Haga un breve resumen de co resolución del juez. Incluya co	emo sucedio el accidente. Digualquier otra información.	a nombre de los testigos y
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	and the same of the same trans	1"	
	· · · · · · · · · · · · · · · · · · ·		
Nombre del Policía Investigador (Letra de	e molde)	Placa del Policía Investigado	or
Firma Policía Investigador			Fecha (Dia-Mes-Año)
Firma de Supervisor			Fecha (Dia-Mes-Año)

AREA

Original size document - 8-1/2 X 11

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Original size document - 8-1/2 X 11

	UNIFORM	TRAFF	IC /	ACCI								States NUMBER			rm App bruary					
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ANC							F	IOAD O	R ST	REET	AI	MBULANCE ARRIVED		1	5 🗍 S					
_	FEET 8 E	OF AT	KILOMETI	R POST I	NUMBE	R	F	O GAO	R ST	REET					• □ c 7 □ \$					
		OR	BETWEEN	Km P081	s							AFFIC FLOW RESTOR	.D							
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8 JE	CT OR ANIMAL STRUCK										_	ION OF OBJECT OR A		NL.		٥٥٥		of RC	AD E	DGE
D R	DRIVER'S NAME-LAST		Pi	NST			MIDDLE		Q °	RIVER'S N	AME-L	AST		FIR	\$T			MID	OLE	
ı	STREET ADDRESS							\	֓֡֡֓֞֓֓֓֓֓֓֡֓֓֡֡֡֡֡֓֓֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡	TREET AD	DRESS									_
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Ň	LEARNER	TEMPORA	[STAT	ILAR [MO. DAY	YR.	yL						BTATE	ULAR (\$€X		DAY	_
O. 1	ENTER CODE FOR THE FO		TAIN COL	E FROM	ВОТТО	M OF TH	IS PAGE.)		C LEARMER TEMPORARY REQUEAR ENTER CODE FOR THE FOLLOWING: LOSTAIN CODE FOR FON BOTTOM OF THIS PAGE.) 2 INJURY CLASS TELT TEMPORARY ENTER CODE FOR THE FOLLOWING: LOSTAIN CODE FOR BOTTOM OF THIS PAGE.)											
١	NATURE OF INJURIES		BLT		EJECT	ion .		╡'	E	ATURE OF	INJUR	IES .	A1 8	ELI			EJEC.			_
,	REMOVED FROM SCENE I	MAKE	1	MODEL	<u>*</u>	800	Y STYLE	٦,	_	VEH. YE		CENE BY:	Т		MODEL	TO:	Т	BODY	STYL	Ē
	VEH. COLOR LIC. PI	LATE NO.	STATE	TRAIL	ER PL	ATE NO.	STAT	—J	Ėŀ	VEH. COL	OR	LIC. PLATE NO.	STA	TE	TRAI	LER PL	ATE N	ō.	81/	ATE
	VEHICLE IDENTIFICATION	NUMBER			T	COOMET	ER			EHICLE ID	ENTIFIC	CATION NUMBER					00	OMET	ER	
	REGISTERED OWNER-LAS	it	FI	RST		MI	DDLE		. 🖪	EGISTERE	D OWNE	ER-LAST		FII	RST			MIODI	LE	
٠	ADDRESS OF OWNER								П.	DORESS O	f OWNE	iR			*					
?	NAME AND ADDRESS OF	INSURANCE C	OMPANY (R AGEN	T			- 1	-1	AME AND	ADDRE	SS OF INSURANCE CO	MPA	NY C	A AGE	NT				
'	CHARGE				1	CITATIO	N NUMBER	7	2 c	HARGE		.					CITA	TION	NUMB	ER
	AME, ADDRESS AND INJUR	IES OF OTHER	PERSONS	INVOLV	ED (NO	T AS VE	HICLE DRI	VERS)					COI Sex	Age	§ Statue	 In. Veh. No.		inj. Class		Ej
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	ODRESS: ATURE OF INJURIES:									REI	MOVED	FROM SCENE BY:	1	ــــا	L	то		L	<u> </u>	_
1. 2. 3.	INJURY CLASS NO INJURY 5. DIS DEAD AT SCENE 6. NO	ABLING INJUI N-DISABLING 'IDENT) INJUR	Y	SEAT B	KSTAĹL I USE	.ED	1 EJECTO 1 NOT I 2 TOTA 3 PART 4 UNKN	EJECTEI LLY EJ :ALLY I	ECTE EJEC	iD	§ 1 1. 2.	FATUS PASSENGER PEDESTRIAN BICYCLIST			SE/	AT POSI	1 2		MO	HER ON (E TOP CLE

				ı	•									_		EXAM	PLE		@ 0	3 04 05
VEHICLE DAMAGE 2. 5				2. SH	IN EACH BOX, CIRCLE THE NUMBER OF EACH DAMAGED AREA. SHADE AREA OF SEVEREST IMPACT.															
INSTRUC* DAMAGED VEH					DRAW ARROW(S) TO SHOW PRINCIPAL DIRECTION OF FORCE. 11 : 10 : 00 : 00 DAMAGED VEHICLE #2															
02 03 04		3. Hood			TRAILERS, MOTORCYCLES, ETC.) 02 03 04 06 13, Hood								13. Hood							
PRONT	I DEAD	4. Roof													FRONT	-7/P	ىند		THE REA	
13 14	/ ¹⁵ -	5. Trunk 6. Under												ľ	,, JL	13 <u> </u> _	14		V 15	16. Trunk
11 10 00	——~ 07 ⅓	7. Overtu	_												_	11	10	00	08	16. Undercerringe
SEVERITY OF DAMAGE: VEHICLE 1 DISABLING DAMAGE 3	±1 □other m.	V DAMA	ne .			OF DA			HER VE		ER M.	v 0	****	_					HCLE = 2	HER M.V. DAMAGE
2 FUNCTIONAL DAMAGE 4	NO DAMA	GE		² 🗆	FUNC			MAG			DAMA			-	2 FUNCTIONAL DAMAGE 4 NO DAMAGE					DAMAGE
TOWED BY	i	EST. DAI	MAGE .	TOWE) BY						[AMA	GE	TOWED BY			EST. DAMAGE		
Diagram of collision						\perp		\Box						口		\Box	П	T		RROW SHOWING TH IN CIRCLE
1. IDENTIFY: • ROADWAY & ROADWAY		₩	+	-+-	\vdash	+	╀	+	┼┼-	H	+	\dashv	+	+1		++	╁┤	+	+	
FEATURES • VEHICLES	7	╂╌╁╌╗	+-	-	-+	+	+	+-	++	\vdash	+	\dashv	+	Н	+	+	H	+	+++	$HH \cup$
 PEDESTRIANS OBJECTS ON/OFF ROADWAY TRAFFIC CONTROLS 		TT					Н	+		\vdash	\top	\exists	\top	$\dagger \dagger$	$\dashv \vdash$	\top	11	\top	111	
SKIDMARKS UNUSUAL CONDITIONS:		П	\perp		\Box	\perp	П	\bot		\Box	\Box	\Box	\perp	П			П	\perp		
CONSTRUCTION AREAS, OIL, ETC.	\vdash	++	-		+	+	Н	+	Н	4	+	4	_	\dashv	\dashv	++	\vdash	4	+++	
2. LOCATE PROBABLE POINT OF IMPACT 3. SHOW VEHICLE, PEDESTRIAN OF	_ H-	+++	+	+	-	+	Н	+	++-	+	+	\dashv	+	╂╢	+	++	H	┿	+++	┞╏╏╏
OBJECT POSITIONS AT IMPACT 4. SHOW PROBABLE VEHICLE OR	" □					\perp	\Box				11	7	+	H	\Box		Ħ	+		
PEDESTRIAN PATHS BEFORE AND AFTER COLLISION.			_		\Box	\bot				\Box	П	\Box	\bot	П	\Box		П	\downarrow		
Description of		MCATE N	MAT B	20848			Ш		الل		<u> </u>			11			\perp		<u> </u>	
collision	DRI	VER DIS	MILITY	, REDU	CED \	VISIBI	LITY	PEDE	BTRIAN	CLOTI	AFTE	OLO	R, CC	ASH;	UCTION -	INFORM OR REPAI	R WO	NOT RK, E	ON DIAGRA TC.)	M. E.G.,
																				-,
		•																		
POSITION SEPORE COLLISION																				
VEH. HEADED	Km. DIREC			STREE	OR	ROA	NAR	Æ						19	F LANES I ONE ECTION	SPEED	ļ	LEG	HICLE FALLY RKED	IF PARKED, WAS VEHICLE OCCUPIED?
	Increasing	Decressing	'										i				,	_	/m 2 □ No	
2 0000																	PH	107	/es 2 □ No	1 Yes 2 No
PEDESTRIAN WAS USING: 1 SIDE	WALK 2	MAL KWA	v 3[or High		7						ner to S.E.				
ROAD SURFACE (CHECK ONE)									CONT					_		MKED CR	CSSW	ALK	7 LIOTHER	 ,
1ORY 3OIL	DRIVER NO.	(CHECK			0	RIVE	R NO.	(CHE	K ONE C	R MO	RE)	DRIN	/ER N			E OR MOR	(E)	RIVE		CK ONE OR MORE)
2 WET 4 LOOSE MATERIAL	<u>, </u>	ALCOHO UNDER	Ļ		0	<u></u>			OPER PA		4	11			30 FIGH	DED STOP	1	<u>ه [</u>	LOCA	
WEATHER ICHECK ONE)	<u>∞ </u>	DRUGS			0	<u>, </u>		CLOS	ELY		-	12) SK	IN/SIGN/	L	1	<u>, </u>	J L DEFE	ATING CTIVE EQUIPMENT
1 CLEAR 2 RAINING		SPEED L	MIT MG RE	SOAL.	0		무		CENTER		-	13 L		2 201	MAL IN	ROAD SED WARF	_	<u></u>		PER REVERSE
2 FOG		ABLE SA			05	<u>-</u>	<u> </u>		NG TO S		-#	14 L	<u> </u>		3 SIGN/SI	IGNAL	+1	<u>. L</u>		OLATION (Specify)
OTHER (Specify)	TRAFFIC CO	TO VEHI	LE	-	130		10.00	ERATI	OPER TU	RNING		15	ال	OND		Y ASLEE		<u>. ا</u>	<u> </u>	-
(CHECK ONE)	VEHICLE NO		ONE)			CHECI			Ons							E OR MOI			R NO. ICHE	
1 DAYLIGHT		SIGNALS				1		NONI	NTERSEC	TION		١ [عُ رَ	DE	FECTIVE	BRAKES		<u>. </u>		BILITY IMPAIRED
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3 DUBK 4 DARK-STREET LIGHTS ON	• OO	FLASHIN	G RED			4		ONE-V	YAY ROA	DWA1	<u> </u>	4 [_ _	894	ES WORI				J 🗀 DRINI	
3 DUSK 4 DARK-STREET LIGHTS ON 5 DARK-STREET LIGHTS OFF	• 00 • 00	FLASHIN FLASHIN BEACONS	G RED	.ow		4 [5 [=-	TWO-V	VAY ROA	DWAY	-	4 <u>[</u> 5 [TIF	ES PUNC BLOWN	TURED	_	DRÍVI	ER NO.	CHEM. TEST
DARK-STREET LIGHTS ON DARK-STREET LIGHTS OFF DARK-STREET LIGHTS OFF	3 00 4 00 5 00 6 00	FLASHIN FLASHIN BEACONI OFFICER	G RED S	.ow			_	DIVID	VAY ROA	DWAY	/	5 [THE OR DEI	OOTH SES PUNC BLOWN FECTIVE	TURED	_		ER NO.	CHEM. TEST
3 OUSK 4 DARK-STREET LIGHTS ON 6 DARK-STREET LIGHTS OFF 6 DARK-NO STREET LIGHTS 7 Other (Specify)	3	FLASHIN FLASHIN BEACONS	G RED : G YELI FLAGN	OW IAN		5 (6 (7 (DIVID	VAY ROA	DWAY DWAY	AY	5 [DEI	BLOWN FECTIVE	TURED STEERING			ER NO.	CHEM. TEST brien - TEST GIVEN
DARK-STREET LIGHTS ON DARK-STREET LIGHTS OFF DARK-STREET LIGHTS OFF	3	FLASHIN FLASHIN BEACONI OFFICER	G RED : G YELI FLAGN	.ow		5 (6 (DIVID	VAY ROA	DWAY DWAY	/	5 [DEI	OOTH SES PUNC BLOWN FECTIVE	TURED STEERING			ER NO.	CHEM. TEST bion TEST GIVEN TEST REFUSED
3 OUSK 4 DARK-STREET LIGHTS ON 6 DARK-STREET LIGHTS OFF 6 DARK-NO STREET LIGHTS 7 Other (Specify)	3	FLASHIN FLASHIN BEACONI OFFICER	G RED : G YELL FLAGN Cify) BADO	OW IAN		5 (6 (7 (icy	DIVID	VAY ROA	DWAY	AY	5 [DATE	BLOWN FECTIVE	TURED STEERING V/			DRINI ER NO. 2 or Peder	CHEM. TEST bien TEST GIVEN TEST REFUSED TEST RESULTS
3 OUSK 4 DARK-STREET LIGHTS ON 5 DARK-STREET LIGHTS OFF 6 DARK-NO STREET LIGHTS 7 Other (Specify) INVESTIGATING OFFICER'S NAME	3	FLASHIN FLASHIN BEACONI OFFICER	G RED : G YELL FLAGN Cify) BADO	OW IAN GE NO.		5 { 6 { 7 { AGEN	icy	DIVID	VAY ROA	DWAY	AY	5 [DATE	DOTH RES PUNC BLOWN FECTIVE OF REP	TURED STEERING V/			DRINI ER NO. 2 or Peder	CHEM. TEST bien TEST GIVEN TEST REFUSED TEST RESULTS

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Critical Automated Data Reporting Elements

CRITICAL AUTOMATED DATA REPORTING ELEMENTS (CADRE)

1. MANNER OF COLLISION

- 0 Not Collision with Motor Vehicle in Transport
- 1 Rear-End
- 2 Head-On
- 3 Rear-to-Rear
- 4 Angle
- 5 Sideswipe, Same Direction
- 6 Sideswipe, Opposite Direction
- 9 Unknown

2. FIRST HARMFUL EVENT

Noncollision

- 01 Overturn
- 02 Fire/Explosion
- 03 Immersion
- 04 Jackknife
- 07 Other Noncollision

Collision with object not fixed

- 08 Pedestrian
- 09 Pedacycle
- 10 Railway Train
- 11 Animal
- 12 Motor Vehicle in Transport
- 13 Motor Vehicle in Transport in Other Roadway
- 14 Parked Motor Vehicle
- 15 Other Object (not fixed)

Collision with fixed object

- 20 Impact Attenuator
- 21 Bridge/Pier/Abutment
- 22 Bridge Parapet End
- 23 Bridge Rail
- 24 Guardrail Face
- 25 Guardrail End
- 26 Median Barrier
- 27 Highway Traffic Sign Post
- 28 Overhead Sign Support
- 29 Luminaire/Light Support
- 30 Utility Pole
- 31 Other Post
- 32 Culvert
- 33 Curb
- 34 Ditch
- 35 Embankment
- 38 Fence
- 40 Mail Box
- 42 Tree

- 43 Other Fixed Object
- 99 Unknown

3. Relation to Roadway

- 1 On Roadway
- 2 Shoulder (other than Shoulder within Median or Gore)
- 3 Median (other than Median within Gore)
- 4 Outside Shoulder Left
- 5 Outside Shoulder Right
- 6 Off Roadway-Location Unknown
- 7 Gore
- 8 Unknown

4. Maximum Speed Limit

Actual Post Speed Limit Unknown

5. Roadway Linkage

City
County
State
Milepoint
Trafficway Identifier
Route Signing
Other

6. Most Harmful Event

Noncollision

- 01 Overturn
- 02 Fire/Explosion
- 03 Immersion
- 04 Jackknife
- 07 Other Noncollision

Collision with object not fixed

- 08 Pedestrian
- 09 Pedacycle
- 10 Railway Train
- 11 Animal
- 12 Motor Vehicle in Transport
- 13 Motor Vehicle in Transport in Other Roadway
- 14 Parked Motor Vehicle
- 15 Other Object (not fixed)

Collision with fixed object

- 20 Impact Attenuator
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- 28 Overhead Sign Support
- 29 Luminaire/Light Support
- 30 Utility Pole
- 31 Other Post
- 32 Culvert
- 33 Curb
- 34 Ditch
- 35 Embankment
- 38 Fence
- 40 Mail Box
- 42 Tree
- 43 Other Fixed Object
- 99 Unknown

7. Vehicle Identification Number (VIN)

VIN (17 positions)

8. Towed Due to Damage

- 1 Yes
- 2 No
- 3 Unknown

9. <u>Damaged Areas</u>

- 00 None
- 01 Center Front
- 02 Right Front
- 03 Right Side
- 04 Right Rear
- 05 Center Rear
- 06 Left Rear
- 07 Left Side
- 08 Left Front
- 09 Top and Windows
- 10 Undercarriage
- 11 Total (all areas)
- 12 Other
- 99 Unknown

10. Extent of Deformity

- 0 None
- 1 Very Minor
- 2 Minor
- 3 Minor/Moderate
- 4 Moderate
- 5 Moderate/Severe
- 6 Severe
- 7 Very Severe
- 9 Unknown

11. Seating Position

- 11 Front Seat-Left Side (motorcycle driver)
- 12 Front Seat-Middle
- 13 Front Seat-Right Side
- 21 Second Seat-Left Side (motorcycle passenger)
- 22 Second Seat-Middle
- 23 Second Seat-Right Side
- 31 Second Seat-Left Side (motorcycle passenger)
- 32 Second Seat-Middle
- 33 Second Seat-Right Side
- 50 Sleeper Section of Cab (truck)
- 51 Passenger in other enclosed passenger or cargo area (non-trailing unit)
- 52 Passenger in other unenclosed passenger or cargo area (non-trailing unit)
- 54 Trailing Unit
- 55 Riding On Vehicle Exterior (non-trailing unit)
- 88 Pedestrian (nonoccupant)
- 99 Unknown

12. Occupant Protection System Used

- 0 None Used-Vehicle Occupant
- 1 Shoulder Belt Only Used
- 2 Lap Belt Only Used
- 3 Shoulder and Lap Belt Used
- 4 Child Safety Seat Used
- 5 Helmets Used
- 6 Not Applicable-Nonmotorist
- 9 Restraint Use Unknown

13. Air Bag Deployed

- 3 Deployed
- 4 Nondeployed
- 8 Not Applicable
- 9 Unknown

14. Date of Birth

0000-9999 - Year of Birth 01-12 - Month of Birth 01-31 - Day of Birth 99999999 - Unknown

15. Ejection

- 0 Not Applicable1 Not Ejected
- 2 Totally Ejected 3 - Partially Ejected
- 9 Unknown

16 - Trapped/Extricated

- 0 Not Applicable
- 1 Not Trapped
- 2 Trapped/Extricated
- 3 Trapped/Not Extricated
- 4 Unknown

17 - Transported to Medical Facility

- 0 No
 - 1 Yes
 - 9 Unknown

18 - Alcohol/Drug Involvement

Alcohol/Drugs Present

- 0 Neither Alcohol or Drugs Present
- 1 Yes (alcohol present)
- 2 Yes (drugs present)
- 3 Yes (alcohol and drugs Present)
- 7 Not Reported
- 9 Unknown

Alcohol

- 00-94 Actual BAC Value
- 95 Test Refused
- 96 None Given
- 97 Test Given, Results Unknown
- 99 Unknown

Drugs

- 0 Not Given
- 1 No Drugs Reported
- 2 Drugs Reported (specify)
- 7 Not Reported
- 9 Unknown

Critical Automated Data Reporting Elements

BLANK

Key NGA-Recommended Accident Data Elements

(Elements applicable only to truck and bus accidents)

CARRIER IDENTIFICATION

- 1a. Name
- 1b. Mailing Address:

Street or P.O. Box

State (two-letter code) Zip Code

- 1c. Source of Name (please check)
 - 1. Shipping Papers (truck) or Trip Manifest (bus)
 - 2. Side of Vehicle
 - 3. Driver
- 1d. Carrier's Identification Numbers

US DOT (6 digits) ICC MC (6 digits)

If none of the above

State (indicate state and number) No number

VEHICLE CONFIGURATION

- Bus (seats for more than 15 people, including driver)
- Single-unit truck (2-axle, 6-tire)
- Single-unit truck (3-or-more axles)
- Truck/Trailer
- Truck Tractor (bobtail)
- 6. Tractor/Semi-trailer
- 7. Tractor/Doubles
- Tractor/Triples
- Unknown Heavy Truck, cannot classify
- 3. TOTAL NUMBER OF AXLES ON VEHICLE, INCLUDING TRAILERS

CARGO BODY TYPE

- Bus (seats for more than 15 people, including driver)
- Van/Enclosed Box
- 3. Cargo Tank
- Flatbed 4.
- Dump
- Concrete Mixer
- Auto Transporter
- Garbage/Refuse
- Other

HAZARDOUS MATERIALS INVOLVEMENT

- 5a. Did this vehicle have a hazardous materials placard? (yes, no)
 - Answer the following questions ONLY if response to 5a. is yes.
- 5b. Indicate from the hazardous materials placard:
 - (1) 4-digit placard number or name taken from the middle of the diamond or from the rectangular box (yes, no)
 - (2) 1-digit placard number from bottom of diamond (yes, no)
- 5c. Was hazardous cargo from the placarded truck released? (yes, no) (Do not count fuel from the vehicle fuel tank.)
- GROSS VEHICLE WEIGHT RATING

SEQUENCE OF ACCIDENT EVENTS (for this vehicle) Event Sequence 1 2 3 4 1 2 3 4 Ran Off Road Jackknife 1 2 3 4 Overturn (Rollover) Downhill Runaway 1 2 3 4 1 2 3 4 Cargo Loss or Shift 1 2 3 4 Explosion or Fire 1234 Separation of Units Collision Involving Pedestrian 1 2 3 4 Collision Involving Motor Vehicle in Transport Collision Involving Parked Motor Vehicle 1 2 3 4 1 2 3 4 Collision Involving Train Collision Involving Pedalcycle 1 2 3 4 1 2 3 4 1 2 3 4 Collision Involving Animal Collision Involving Fixed Object 1 2 3 4 1 2 3 4 Collision Involving Other Object Other

Other NGA-Recommended Data Elements

(Those that would be applicable to any motor vehicle accident)

- 1. REPORTING AGENCY
- 2. AGENCY ACCIDENT NUMER
- 3. OFFICER BADGE NUMBER
- 4. DATE OF THE ACCIDENT (month/day/year)
- 5. TIME OF THE ACCIDENT (hours:minutes; a.m./p.m.
- 6. ACCIDENT LOCATION:

State (two-letter code)

County

City or Township

- 7. TOTAL NUMBER OF VEHICLES INVOLVED IN THE ACCIDENT
- 8. DRIVER IDENTIFICATION
 - 8a. Truck or Bus Driver's Name (last/first/middle)
 - 8b. Driver's License Number
 - 8c. Driver's License: State (two-letter code)
 - 8d. Driver's Date of Birth (month/day/year)
- 9. TRUCK/TRUCK TRACTOR IDENTIFICATION
 - 9a. Vehicle Identification Number (VIN)
 - 9b. Truck/Truck Tractor Vehicle License Number (state and number)
- 10. TRAFFICWAY
 - 1. Not Physically Divided (2-way trafficway)
 - 2. Divided Highway, Median Strip, Without Traffic Barrier
 - 3. Divided Highway, Median Strip, With Traffic Barrier
 - 4. One-Way Trafficway
- 11. ACCESS CONTROL
 - 1. No Control (unlimited access)
 - 2. Full Control (only ramp entry and exit)
 - 3. Other
- 12. WEATHER CONDITION
 - 1. No Adverse Condition
 - 2. Rain
 - 3. Sleet, Hail
 - 4. Snow
 - 5. Fog
 - 6. Blowing Sand, Soil, Dirt, or Snow
 - 7. Severe Crosswinds
 - 8. Other
 - 9. Unknown

Supplemental Truck & Bus Accident Report

SAMPLE SUPPLEMENTAL TRUCK & BUS ACCIDENT REPORT

WHEN TO DEE THIS E	ORM: Answers to question	s helow determine use	VEHICLE INFORMATION				
Did this accident involve	•	S OCIOW Getermine use.	J. Gross Vehicle K. Axles on Vehicle				
	xles, 6 tires or haz mat place	ard? Yes No	J. Gross Vehicle K. Axles on Vehicle Weight Rating (including trailers)				
2. a bus with seats for mo	re than 15 people, including	lbs					
	th questions is "No," do no		L HAZARDOUS MATERIALS INVOLVEMENT				
Did this accident result i	n —		L-1. Did vehicle have Haz Mat placard?				
3. person(s) fatally injured	1?	☐ Yes ☐ No					
4. injured person(s) taken	away for medical attention	? 🔲 Yes 🗎 No	L-2. From placard indicate:				
5. vehicle(s) towed from s	cene?	☐ Yes ☐ No	4-digit placard 1-digit number from bottom of diamond or box				
STOP - If response to 3, 4 is "Yes" to 3, 4, or 5, plea		nplete this form. If response					
AC	CCIDENT INFORMAT	TION	L-3. Was HAZARDOUS CARGO from vehicle released? (Do not count fuel from fuel tank.)				
A. Report/Accident Num			(1) Yes (2) No				
State	Number	İ	M. Vehicle Configuration (check one)				
			(1) Bus (seats 15 or more, including driver)				
B-1. Carrier's Identificat	ion Numbers		l <u> </u>				
US DOT	ICC MC		(2) Single-Unit truck: 2 axles, 6 tires (3) Single-unit truck: 3 or more axles				
State Name	State Number		(4) Truck/trailer				
			(5) Truck tractor (bobtail)				
B-2. Carrier's Name		σ. Π. 12 (12 (12 (12 (12 (12 (12 (12 (12 (12	(6) Tractor/semi-trailer				
1		(1) Vehicle Side (2) Shipping Papers	(7) Tractor/doubles				
		(3) Driver	(8) Tractor/triples				
C. Date of Accident	D. Time of		(9) Heavy truck, cannot classify				
Month Day	Year	□ a.m.					
		_ :	N. Cargo Body Type (check one)				
	nout	s . umates	(1) Bus (seats 15 or more including driver)				
	 		(2) Van/enclosed box				
E-1. Accident Location: N	lumber/Name of Highway/	Street	(3) Cargo tank				
			(4) ☐ Flatbed				
			(5) Dump				
E-2. Township/City	E-3. County	y	(6) Concrete mixer				
			(7) Auto transporter				
			(8) Garbage/refuse				
F-1. Truck or Bus Driver	s Name		(9) Other (i.e., multiple body types)				
Last	First	Middle Initial					
			O. Sequence of Events (for this vehicle)				
F-2. Driver's License Nun	nh	E 2 State	1 2 3 4 Ran off road 1 2 3 4 Jackknife				
Diiver 3 Laceuse Nun	HOC.	F-3. State	1 2 3 4 Overturn (rollover)				
ii			1 2 3 4 Downhill runaway				
			1 2 3 4 Cargo loss of shift				
G. Number of Facility	11 Number of 1-1	I Was and weblets to week	1 2 3 4 Explosion or fire 1 2 3 4 Separation of units				
G. Number of Fatalities as Result of Accident	II. Number of Injuries as Result of Accident	I. Was any vehicle towed as Result of Damage Received?	1 2 3 4 Separation of units 1 2 3 4 Collision involving pedestrian				
		(1) Yes (2) No	1 2 3 4 Collision involving motor				
	<u> </u>		vehicle in transport 1 2 3 4 Collision involving parked motor vehicle				
NOTE: Adoption of this fo	orm or all data elements or	this form meets all Office of	1 2 3 4 Collision involving train				
Motor Carriers, Fede	ral Highway Administ	tration requirements for data elements recommended	1 2 3 4 Collision involving pedalcycle				
by the National Governor	s' Association.		1 2 3 4 Collision involving animal				
			1 2 3 4 Collision involving fixed object 1 2 3 4 Collision involving other object				
			1 2 3 4 Collision involving other object				

GENERAL INSTRUCTIONS

WHEN TO USE FORM

Only if accident meets both of the following criteria:

- the accident involved a truck with at least two axles and six tires or a hazardous materials placard, or bus designed to carry more than 15 passengers, including driver.
- 2. The accident resulted in one or more of the following:
 - a. one or more fatalities,
 - b. one or more persons injured and taken from the scene for immediate medical attention, or
 - c. one or more vehicles involved in the accident had to be towed from the scene as a result of disabling damage.

WHAT TO FILL OUT

Complete all questions on form for any accident that qualifies as being reportable under the conditions above.

- Single truck or bus accidents Complete all questions.
- Multiple truck or bus accidents If more than one truck or bus was involved in the accident, complete all vehicle information questions in the right hand column plus questions B-D and F on a second form (and third or more, if needed). For question A enter the report number followed by A for the first vehicle, the report number followed by B for the second vehicle, etc.

DATA ELEMENT INSTRUCTIONS

ACCIDENT INFORMATION

- A. Report/Accident Number: Enter the report, accident, document, complaint, or other number that identifies the regular police accident report that collects other information on this accident.
- B. Carrier's Identification:
 - (1) Carrier's identification numbers Enter the US DOT and ICC MC numbers, if the carrier has such numbers. Each of these numbers has 6 digits. If not, then enter the carrier's state ID number and the name of the state. (NOTE — SOME CARRIERS MIGHT NOT HAVE ANY OF THE THREE NUMBERS.)
 - (2) Carrier's name Enter the name of the motor carrier company from the first available source (vehicle side, shipping papers, or driver) and check the appropriate box on the form.
 - (3) Carrier's address Enter carrier's principal place of business.
- C. Date of Accident: Enter month, day, and year.
- D. Time of Accident: Enter hours, minutes; then check "a.m." or "p.m.".
- E. Location: Enter number or name of highway or street, township or city, county, and state where accident occurred.
- F. Driver's Identification: Enter truck or bus driver's name, driver's license number, and state of issue.
- G. Number of Fatalities as Result of Accident: Enter number.
- H. Number of Injuries as Result of Accident: Enter number.
- I. Vehicle Towaway: Check appropriate response.

VEHICLE INFORMATION

- J. Gross Vehicle Weight Rating: Enter rating number.
- K. Total Number of Axles on Vehicle: Enter the total number of axles on the truck or bus. Include the axles on truck semi-trailers and trailers.
- L. Hazardous Materials Involvement:
 - (1) Respond by checking "Yes" or "No" IF THE ANSWER IS "NO" DO NOT COMPLETE (2) AND (3).
 - (2) Enter the 4-digit number OR the name from either the middle of the diamond placard OR the rectangular box placard.
 - (3) Respond by checking "Yes" or "No."
- M. Vehicle Configuration: Check appropriate box.
- N. Cargo Body Type: Check appropriate box.
- O. Sequence of Accident Events: (ENTER INFORMATION ONLY FOR THE TRUCK OR BUS IN QUESTION.)
 Circle one to four events that happened to the truck or bus in the order in which they occurred.

STATE COORDINATORS FOR POLICE ACCIDENT REPORT FORMS AND STATE CRASH REPORTING THRESHOLD

STATE	CONTACT	PHONE	REPORTING* THRESHOLD
Alabama	Win Peacock	(334) 242-4423	\$250
Alaska	Ronald Otte	(907) 465-4322	\$500
Arizona	Jim Williams	(602) 255-7132	\$1000
Arkansas	Mike Selig	(501) 569-2642	\$500
California	Terry Burke	(916) 657-7432	\$500
Colorado	Sandy Sellers	(303) 572-5824	\$1000
Connecticut	Mario Tonarelli	(806) 594-2073	\$1000
Delaware	Douglas Hancock	(302) 739-5938	\$500
Dist. of Columbia	Lionel Millard	(202) 727-4443	All Crashes
Florida	Dick Zeller	(904) 488-5686	\$500
Georgia	Brenda Raines	(404) 624-7835	\$500
Hawaii	Paul Hamamoto	(808) 587-2171	\$500
Idaho	Marie Bishop	(208) 334-8101	\$750
Illinois	Rick Meyers	(217) 782-2575	\$500
Indiana	Dwayne James	(317) 494-7011	\$750
Iowa	Scott Falb	(515) 237-3154	\$500
Kansas	Nancy Mattson	(913) 296-7452	\$500

^{*}The crash reporting threshold is for property damage only. All crashes with injuries are reported.

<u>STATE</u>	CONTACT	PHONE	REPORTING* <u>THRESHOLD</u>
Kentucky	Mark Haynes	(502) 227-8700	\$500
Louisiana	Dan Magri	(504) 925-6991	\$100
Maine	Mike Martin	(207) 624-8756	\$500
Maryland	Manu Shaw	(410) 787-5825	\$500
Massachusetts	Pat Halloran	(617) 351-9414	\$1000
Michigan	Judy Snow	(517) 334-5198	\$400
Minnesota	Karen Spratler	(612) 296-9490	\$500
Mississippi	Ron Sennett	(601) 359-7880	\$250
Missouri	Jim Watson	(314) 526-6113	\$500
Montana	Ray Jenkins	(406) 444-3278	\$400
Nebraska	Bob Grant	(402) 479-4545	\$500
Nevada	Irene Letiaio	(702) 687-3469	\$500
New Hampshire	Ed Crabtree	(603) 271-2131	\$1000
New Jersey	Al Tindal	(609) 633-9028	\$500
New Mexico	H. Allen Fenner	(505) 827-0360	\$500
New York	Helen Shufon	(518) 474-0646	\$1000
North Carolina	Rosa Gill	(919) 733-2725	\$500
North Dakota	Tom Tooley	(701) 328-4397	\$1000
Ohio	Richard Paddock	(614) 466-3250	\$150

^{*}The crash reporting threshold is for property damage only. All crashes with injuries are reported.

STATE	<u>CONTACT</u>	PHONE	REPORTING* THRESHOLD
Oklahoma	Bill Hollars	(405) 425-2192	\$300
Oregon	Shirley St. John	(503) 945-5030	\$500
Pennsylvania	William Hunter	(717) 783-8135	All Crashes
Rhode Island	Robert Connors	(401) 277-4640	\$500
South Carolina	Max Young	(803) 896-8387	\$400
South Dakota	Creighton Miller	(605) 773-4108	\$500
Tennessee	Ben Daley	(615) 251-5315	\$400
Texas	James Templeton	(512) 465-2299	Vehicle Towed
Utah	Marilee Gomez	(801) 225-0573	\$750
Vermont	Bonnie Rutledge	(802) 828-2066	All Crashes
Virginia	David Mosley	(804) 367-1143	\$1000
Washington	Debra Cole	(360) 705-5182	\$500
West Virginia	Carlin Kendrick	(304) 558-3063	All Crashes
Wisconsin	Mike Schumacher	(608) 267-1856	\$500
Wyoming	Dee West	(307) 777-4274	\$500
Puerto Rico	Albert Gonzalez	(809) 723-3590	All Crashes
Virgin Islands	Heratio Kier	(809) 772-3025	All Crashes

^{*}The crash reporting threshold is for property damage only. All crashes with injuries are reported.

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DOT HS 808 322 December 1995